

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE SOUTHERN DISTRICT OF NEW YORK**

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In re:	)	)	)
	)	Chapter 11	)
	)		)
THE ROMAN CATHOLIC DIOCESE OF	)	Case No. 20-12345 (SCC)	)
ROCKVILLE CENTRE, NEW YORK, <sup>1</sup>	)		)
	)		)
Debtor.	)	)	)
	)		)

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**GLOBAL NOTES AND  
STATEMENT OF METHODOLOGY, LIMITATIONS,  
AND DISCLAIMERS REGARDING THE DEBTOR'S SCHEDULES  
OF ASSETS AND LIABILITIES AND STATEMENT OF FINANCIAL AFFAIRS**

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The Roman Catholic Diocese of Rockville Centre, New York, as debtor and debtor in possession in the above-captioned chapter 11 case (the "Debtor"), has filed Schedules of Assets and Liabilities (the "Schedules") and a Statement of Financial Affairs (the "Statement") with the United States Bankruptcy Court for the Southern District of New York (the "Bankruptcy Court"). The Debtor, with the assistance of its legal and financial advisors, prepared the Schedules and Statement in accordance with section 521 of title 11 of the United States Code (the "Bankruptcy Code") and Rule 1007 of the Federal Rules of Bankruptcy Procedure. These Schedules and Statement are unaudited.

These *Global Notes and Statement of Methodology, Limitations, and Disclaimers Regarding the Debtor's Schedules of Assets and Liabilities and Statement of Financial Affairs* (the "Global Notes") pertain to, are incorporated by reference in, and comprise an integral part of the Debtor's Schedules and Statement. The Global Notes should be referred to, considered, and reviewed in connection with any review of the Schedules and Statement.

Thomas Doodian has signed the Schedules and Statement. Mr. Doodian serves as the Debtor's Chief Financial Officer – Director of Finance and is an authorized signatory of the Debtor. In reviewing and signing the Schedules and Statement, Mr. Doodian has necessarily relied upon the efforts, statements, advice, and representations of personnel of the Debtor and the Debtor's legal and financial advisors. Given the scale of the Debtor's operations covered by the Schedules and Statement, Mr. Doodian has not (and could not have) personally verified the accuracy of each statement and representation contained in the Schedules and Statement, including, but not limited to, statements and representations concerning amounts owed to creditors, classification of such amounts, and individual creditor address information.

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<sup>1</sup> The Debtor in this chapter 11 case is The Roman Catholic Diocese of Rockville Centre, New York, the last four digits of its federal tax identification number are 7437, and its mailing address is 50 North Park Avenue P.O. Box 9023, Rockville Centre, NY 11571-9023.

In preparing the Schedules and Statement, the Debtor relied upon information derived from its books and records that was available at the time of such preparation. Although the Debtor has made reasonable efforts to ensure the accuracy and completeness of the Schedules and Statement, the discovery of conflicting, revised, or subsequent information may result in material changes to the Schedules and Statement. As a result, inadvertent errors or omissions may exist. Accordingly, the Debtor and its trustees, officers, agents, attorneys, financial advisors, and restructuring advisors do not guarantee or warrant the accuracy or completeness of the data that is provided in the Schedules and Statement and shall not be liable for any loss or injury arising out of, or caused in whole or in part by, the acts, errors, or omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communicating, or delivering the information contained in the Schedules and Statement.

For the avoidance of doubt, the Debtor and its agents, attorneys, financial advisors, and restructuring advisors hereby reserve all of their rights to amend, supplement, or otherwise modify the Schedules and Statement as may be necessary or appropriate, but expressly do not undertake any obligation to update, supplement, modify, revise, or re-categorize the information provided in the Schedules and Statement or to notify any third party should the information be updated, supplemented, modified, revised, or re-categorized, except as required by applicable law or an order of the Bankruptcy Court.

In no event shall the Debtor or its trustees, officers, agents, attorneys, financial advisors, and restructuring advisors be liable to any third party for any direct, indirect, incidental, consequential, or special damages (including, but not limited to, damages arising from the disallowance of a potential claim against the Debtor or damages to business reputation, lost business, or lost profits), whether foreseeable or not and however caused, even if the Debtor or its trustees, officers, agents, attorneys, financial advisors, and restructuring advisors are advised of the possibility of such damages.

The Schedules and Statement may contain specific notes that supplement these Global Notes. The fact that the Debtor has prepared Global Notes or specific notes with respect to one part of the Schedules and Statement and not another should not be interpreted as a decision by the Debtor to exclude the applicability of such Global Notes or specific notes to any other parts of the Schedules and Statement, as appropriate.

Disclosure of information in any of the Schedules, Statement, or exhibits or attachments to the Schedules and Statement, even if incorrectly placed, shall be deemed to be disclosed in the correct Schedules, Statement, exhibits, or attachments.

### **Global Notes and Overview of Methodology**

1. **Description of Cases.** On October 1, 2020 (the "Petition Date"), the Debtor filed voluntary petitions for relief under chapter 11 of the Bankruptcy Code. The Debtor continues to operate and pursue its religious, non-profit mission, and manage its properties and affairs as debtor in possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code.
2. **Reservations and Limitations.** Reasonable efforts have been made to prepare and file complete and accurate Schedules and Statement. However, as noted above, inadvertent

errors or omissions may exist. The Debtor reserves all rights to amend, supplement, or otherwise modify the Schedules and Statement from time to time, in all respects, as may be necessary or appropriate but do not undertake any obligation to do so, except as required by applicable law. Nothing contained in the Schedules and Statement constitutes a waiver of any of the Debtor's rights or an admission of any kind with respect to this chapter 11 case, including, but not limited to, any claims against the Debtor, any defenses the Debtor may have, any rights or claims of the Debtor against any third party, or any issues involving equitable or structural subordination, or defenses or causes of action arising under the provisions of chapter 5 of the Bankruptcy Code or any other relevant applicable bankruptcy or non-bankruptcy laws related to the recovery of assets or the avoidance of transfers. Any specific reservation of rights contained elsewhere in these Global Notes does not limit in any respect the general reservation of rights contained in this paragraph.

- (a) **No Admission.** Nothing contained in the Schedules and Statement or the Global Notes is intended to be or should be construed as an admission or stipulation of the validity of any claim against the Debtor or any assertion made, or a waiver of the Debtor's right to dispute any such claim or assert any cause of action or defense against any party.
- (b) **"As of" Information Date.** Asset values presented herein, except as expressly noted otherwise, represent the asset information of the Debtor's at net book value as of August 31, 2020, the final fiscal calendar year preceding the filing of these cases. As of the Petition Date, the Debtor's fiscal year end accounting closing process was still in progress and potentially material forthcoming accounting entries and adjustments are not reflected in the Statement and Schedules. For example, actuarial reports drafted by third-party actuaries with respect to the Debtor's Protected Self Insurance Program ("PSIP") are expected to be completed in November 2020. The Debtor has accordingly listed the actuarial values of assets and liabilities with respect to its insurance programs as undetermined. The Debtor asserts that there are no meaningful or material changes to these book values between the date of the final fiscal month and the Petition Date. Further, any amounts ultimately realized from Debtor assets may vary from net book value (or whatever value was ascribed) and such variances may be material. Accordingly, the Debtor reserves all its rights to amend or adjust the value of any asset set forth herein. Liability information presented herein, except as expressly noted otherwise, represents the outstanding value as of September 30, 2020. Furthermore, certain asset and liability amounts identified as "unknown," "undetermined," "disputed," "contingent," and/or "unliquidated" are included herein as \$0 values and, thus, ultimate total assets and liabilities may differ materially from the amounts stated in the Schedules and Statement and any respective total or subtotal amounts.
- (c) **Recharacterization and Classifications.** Notwithstanding that the Debtor has made reasonable efforts to correctly characterize, classify, categorize, or designate certain claims, assets, executory contracts, unexpired leases, and other items reported in the Schedules and Statement, the Debtor nonetheless may have improperly characterized, classified, categorized, or designated certain items.

The Debtor thus reserves all rights to recharacterize, reclassify, recategorize, alter the description of, re-designate, add, or delete items reported in the Schedules and Statement as is necessary and appropriate.

For the avoidance of doubt, listing (i) a claim on Schedule D as "secured," (ii) a claim on Schedule E/F as "priority" or "unsecured," or (iii) a contract or lease on Schedule G as "executory" or "unexpired" does not constitute an admission by the Debtor with respect to any legal rights associated with such claim, contract, or lease or a waiver of the Debtor's right to recharacterize or reclassify such claim, contract, or lease.

- (d) **Identified Property.** Because the official forms of the Schedules do not distinguish if an asset is unavailable to satisfy creditor claims, the Debtor has endeavored in these Global Notes and accompanying Statement to highlight Identified Property wherever possible, to provide creditors more accurate information as to the assets available to satisfy their claims. The Debtor determined the best way to capture the Identified Property, while at the same time providing meaningful disclosure, is to report Identified Property in response to question 21 of the Statement as assets held for another. While some of the Identified Property is not "held for another" strictly speaking (e.g., as in a formal trust structure), the Debtor believes reporting Identified Property on the Statement, rather than on Schedule A/B is more appropriate given that their inclusion on Schedule A/B would result in a significant overstatement of assets available for distribution to creditors. While the Debtor and its professionals have used their good faith best efforts to bifurcate Identified Property in these disclosures, the review of the Debtor's records is ongoing and may reveal additional restrictions or information. Accordingly, failure to identify an asset as restricted or unrestricted in these Global Notes, Statement or Schedules does not constitute a determination or admission by the Debtor that such asset is or is not available to satisfy creditor claims.
- (e) **Claims Description.** Any failure to designate a claim or amount on the Debtor's Schedules and Statement as "disputed," "contingent," or "unliquidated" does not constitute an admission by the Debtor that such claim or amount is not "disputed," "contingent," or "unliquidated." The Debtor reserves all rights to dispute, or assert offsets or defenses to, any claim reflected on its Schedules and Statement on any grounds, including, without limitation, any defenses relating to amount, liability, priority, status, or classification, or to otherwise subsequently designate any claim as "disputed," "contingent," or "unliquidated" or object to the extent, validity, enforceability, priority, or avoidability of any claim. Moreover, listing a claim does not constitute an admission of liability by the Debtor. The Debtor reserves all rights to amend its Schedules and Statement as necessary and appropriate, including, but not limited to, with respect to claim descriptions and designations.
- (f) **Estimates and Assumptions.** The preparation of the Schedules and Statement required the Debtor to make certain estimates and assumptions with respect to the reported amounts, including, but not limited to, amounts of assets and liabilities,

the amount of contingent assets and contingent liabilities on the date of filing the Schedules and Statement, and the reported amounts of revenues and expenses during the applicable reporting periods. Actual results could differ materially from such estimates. The Debtor reserves all rights to amend the Schedules and Statement to reflect changes in those estimates or assumptions.

- (g) **Causes of Action.** Despite reasonable efforts, the Debtor may not have identified and/or set forth all its causes of action and similar items (collectively, the "Causes of Action") (filed or potential) against third parties as assets in its Schedules and Statement, including, without limitation, avoidance actions arising under chapter 5 of the Bankruptcy Code and actions under other relevant bankruptcy and non-bankruptcy laws related to the recovery of assets or avoidance of transfers. The Debtor reserves the right to amend its Schedules and Statement to add, delete, or otherwise modify any information relating to its Causes of Action.

The Debtor further reserves all of its rights with respect to all of its Causes of Action, including, without limitation, all rights relating to any: (i) controversy; (ii) right of setoff or recoupment; (iii) cross claim; (iv) counterclaim; (v) claim arising from a lease or contract; (vi) claim for the breach of any duty imposed by law or in equity; and (vii) demand, right, action, lien, indemnity, guaranty, suit, obligation, liability, damage, judgment, account, defense, power, privilege, license, and franchise of any kind or character whatsoever. The Debtor's reservation of rights with respect to the Causes of Action remains applicable, regardless of whether such Causes of Action are known, unknown, fixed or contingent, matured or unmatured, suspected or unsuspected, liquidated or unliquidated, disputed or undisputed, secured or unsecured, assertible directly or derivatively, whether arising before, on, or after the Petition Date, in contract or in tort, in law or in equity, or pursuant to any other applicable theory of law. Neither the Global Notes nor the Schedules and Statement constitute a waiver of any claim or Cause of Action or, in any way, prejudice or impair the assertion of any claim or Cause of Action.

- (h) **Intellectual Property Rights.** Exclusion of any intellectual property should not be construed as an admission that such intellectual property rights have been abandoned, terminated, or otherwise expired by their terms, or assigned or otherwise transferred pursuant to a sale, acquisition, or other transaction. Conversely, inclusion of certain intellectual property should not be construed as an admission that such intellectual property rights have not been abandoned, terminated, or otherwise expired by their terms, or assigned or otherwise transferred pursuant to a sale, acquisition, or other transaction.

In addition, although the Debtor has made diligent efforts to list only its owned intellectual property, in certain instances, another entity may be the actual owner of certain intellectual property listed in the Schedules and Statements. The Debtor reserves all of its rights with respect to the legal status of its intellectual property rights.

- (i) **Executory Contracts and Unexpired Leases.** Although the Debtor has made reasonable efforts to identify the correct legal entities that are party to each of the executory contracts and unexpired leases listed on the Schedules and Statement, in certain instances, the Debtor may have incorrectly identified parties, including incorrectly identifying itself as a party, to the executory contracts and unexpired leases. The Debtor reserves all of its rights with respect to the named parties associated with its executory contracts and unexpired leases, including, without limitation, the right to amend Schedule G.
- (j) **Employee, Victim and Minor Information.** Where applicable, the Debtor has redacted the identities and/or personal contact information of holders of abuse claims, the parents or legal guardians of any minor involved in litigation against the Debtor, and current and former employees of the Debtor in accordance with the *Interim Order (I) Authorizing and Approving Special Noticing and Confidentiality Procedures, (II) Authorizing and Approving Procedures for Providing Notice of Commencement, and (II) Granting Relief* [Docket No. 38].

Contemporaneously with the filing of these Schedules and Statement, the Debtor has provided the Office of the United States Trustee with unredacted copies of the Schedules and Statement. In addition, once appointed, the Debtor will provide unredacted copies to the official committee of unsecured creditors in this chapter 11 case.

- (k) **Insiders.** In the circumstance where the Schedules and Statement require information regarding "insiders," the Debtor have included information with respect to the individuals who the Debtor believes may be included in the definition of "insider" set forth in section 101(31) of the Bankruptcy Code during the relevant time periods. Such individuals may no longer serve in such capacities.

The individuals identified as "insiders" have been included for informational purposes only. The Debtor does not take any position and reserves all rights with respect to: (i) such person's influence over and/or ability to control the Debtor; (ii) the management responsibilities or functions of such individual; (iii) the decision making or corporate authority of such individual; or (iv) whether such individual could successfully argue that he or she is not an "insider" under applicable law or with respect to any theories of liability or for any other purpose. Further, the inclusion of a party as an "insider" is not an acknowledgment or concession that such party is an "insider" under applicable bankruptcy law.

### 3. **Methodology.**

- (a) **Basis of Presentation.** The Schedules and Statement do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States ("GAAP") nor are they intended to be fully reconciled to the financial statements of the Debtor. The Schedules and Statement contain unaudited information that is subject to further review and potential

adjustment. The Schedules and Statement reflect the Debtor's reasonable efforts to report the assets and liabilities of the Debtor.

- (b) **Duplication.** Certain of the Debtor's assets, liabilities, and prepetition payments may properly be disclosed in response to multiple parts of the Statement and Schedules. To the extent these disclosures would be duplicative, the Debtor has determined to only list such assets, liabilities, and prepetition payments once.
- (c) **Net Book Value.** In certain instances, current market valuations for individual items of property and other assets are neither maintained by, nor readily available to, the Debtor. Accordingly, unless otherwise indicated, the Debtor's Schedules and Statement reflect approximate net book values as of August 31, 2020. Market values may vary—at times materially—from net book values. The Debtor believes that it would be an inefficient use of estate assets for the Debtor to obtain the current market values of its property and other assets. Accordingly, the Debtor has indicated in the Schedules and Statement that the values of certain assets and liabilities are undetermined. Also, assets that have been fully depreciated or that were expensed for accounting purposes are listed in these Schedules and Statement with a zero-dollar value, as such assets have no net book value. The omission of an asset from the Schedules and Statement does not constitute a representation regarding the ownership of such asset and any such omission does not constitute a waiver of any rights of the Debtor with respect to such asset. Nothing in the Schedules and Statement shall be, or shall be deemed to be, an admission that the Debtor was solvent or insolvent as of the Petition Date or at any other time.
- (d) **Property and Equipment.** Unless otherwise indicated, owned property and equipment are valued at net book value. The Debtor may lease furniture, fixtures, and equipment from certain lessors. To the extent possible, any such leases are listed in the Schedules. Nothing in the Schedules is, or should be construed as, an admission as to the determination of the legal status of any lease (including whether any lease is a true lease or a financing arrangement), and the Debtor reserves all rights with respect thereto.
- (e) **Allocation of Liabilities.** The Debtor allocated liabilities between the prepetition and postpetition periods based on the information and research conducted in connection with the preparation of the Schedules and Statement. As additional information becomes available and further research is conducted, the allocation of liabilities between the prepetition and postpetition periods may change. Accordingly, the Debtor reserves all rights to amend, supplement, or otherwise modify the Schedules and Statement as is necessary or appropriate.

The liabilities listed on the Schedules do not reflect any analysis of claims that may arise under section 503(b)(9) of the Bankruptcy Code. Accordingly, the Debtor reserves all of its rights to dispute or challenge (i) the validity of any claims asserted under section 503(b)(9) of the Bankruptcy Code or (ii) the characterization of the structure of any such transaction or any document or instrument related to any creditor's claim.

- (f) **Undetermined Amounts.** The description of an amount as "undetermined," "unknown," or "unliquidated" is not intended to reflect upon the materiality of such amount.
- (g) **Unliquidated Amounts.** Amounts that could not be determined by the Debtor are scheduled as "unliquidated."
- (h) **Totals.** All totals that are included in the Schedules and Statement represent totals of all known amounts. To the extent such totals include unknown or undetermined amounts, the actual total may be different than the listed total.
- (i) **Credits and Adjustments.** The claims of individual creditors for, among other things, goods, products, or services are listed as the amounts entered on the Debtor's books and records and may either (i) not reflect credits, allowances, or other adjustments due from such creditors to the Debtor or (ii) be net of accrued credits, allowances, or other adjustments that are actually owed by a creditor to the Debtor. The Debtor reserves all its rights with regard to such credits, allowances, or other adjustments, including, but not limited to, the right to amend, supplement, or otherwise modify the Schedules, assert claim objections and/or setoffs with respect to such credits, allowances, or other adjustments, or apply such credits, allowances, or other adjustments in the ordinary course of business on a postpetition basis.
- (j) **Related Entity Claims.** Transactions, receivables and payables among and between the Debtor and its non-Debtor related entities are reported on Statement 4 and Schedule A/B, respectively, per the Debtor's books and records. The listing of any amounts with respect to such transfers and receivables is not and should not be construed as a determination or admission as to the validity of such receivables. For the avoidance of doubt, the Debtor reserves all rights, claims, and defenses in connection with any and all related entity receivables and payables, including, but not limited to, with respect to the characterization of related entity claims and loans. The Debtor takes no position in these Schedules and Statement as to whether any such amounts would be allowed as a claim, or not all allowed at all. The listing of these amounts is not necessarily indicative of the ultimate recovery, if any, on any related entity asset account. The Debtor reserves all rights to later change the amounts, characterization, classification, categorization or designation of related entity accounts reported in the Schedules and Statement.
- (k) **Guarantees and Other Secondary Liability Claims.** The Debtor is not aware of any guarantees in its executory contracts, unexpired leases, and other such agreements. The Debtor may have inadvertently omitted guarantees embedded in its contractual agreements and may identify guarantees as it continues to review its books and records and contractual agreements. The Debtor reserves its rights, but is not required, to amend, supplement, or otherwise modify the Schedules and Statement if any guarantees are identified.

- (l) **Excluded Assets and Liabilities.** The Debtor may have excluded certain categories of assets and liabilities from the Schedules and Statement, including, but not limited to: certain deferred charges, accounts, or reserves recorded only for purposes of complying with the requirements of GAAP; goodwill and other intangibles; deferred revenue accounts; and certain accrued liabilities including, but not limited to, accrued salaries and employee benefits. The Debtor also has not attempted to anticipate rejection damage claims of counterparties to executory contracts and unexpired leases that may arise out of future contract or lease rejections. Other immaterial assets and liabilities may also have been excluded.
- (m) **Liens.** The inventories, property, and equipment listed in the Schedules and Statement are presented without consideration of any liens.
- (n) **Currency.** Unless otherwise indicated, all amounts are reflected in U.S. dollars. In the instance of the IOR account with account number ending in 1002, currency is held in Euros. For purposes of these Schedules, the Debtor used the Federal Reserve conversion rate on September 30, 2020 to report the account balance in U.S. dollars.
- (o) **Setoffs.** The Debtor routinely incurs setoffs and net payments in the ordinary course of business. Such setoffs and nettings may occur due to a variety of transactions or disputes, including, but not limited to, intercompany transactions, counterparty settlements, pricing discrepancies, rebates, returns, warranties, refunds, and negotiations and/or disputes between the Debtor and its customers and/or suppliers. Due to the voluminous nature of setoffs and nettings, it would be unduly burdensome and costly for the Debtor to list each such transaction. Therefore, although such setoffs and other similar rights may have been accounted for when scheduling certain amounts, these ordinary course setoffs are not independently accounted for and, as such, are or may be excluded from the Schedules and Statements. In addition, some amounts listed in the Schedules and Statements may have been affected by setoffs or nettings by third parties of which the Debtor is not yet aware. The Debtor reserves all rights to challenge any setoff and/or recoupment rights that may be asserted.

4. **Specific Disclosures with Respect to the Debtor's Schedules**

**Schedules A/B**

- (a) **Part 1.** Details with respect to the Debtor's cash management system and bank accounts are provided in the *Debtor's Motion for Entry of Interim and Final Orders (I) Authorizing the Continued use of the Debtor's Cash Management System, Bank Accounts and Business Forms and (II) Granting Related Relief* [Docket No. 7] (the "Cash Management Motion"). Amounts identified in Item 2 of Part 1 reflect actual amounts in the respective accounts as of the Petition Date and may vary from the amounts currently reflected in the Debtor's books and records.

As described in the Cash Management Motion, there are a number of bank accounts in the Debtor's name that exclusively hold funds subject to donor restrictions or on behalf of others. These accounts are not listed in response to Item 3 of Part 1, instead they are listed as Identified Property on Schedule 21 of the Statement. While the Debtor and its professionals have used their good faith best efforts to determine which accounts contain funds that are subject to donor restrictions or held on behalf of others, the review of the Debtor's records is ongoing and may reveal additional restrictions or information. Accordingly, inclusion of an account in response to Item 3 of Part 1 does not constitute a determination or admission by the Debtor that the funds held therein are or are not available to satisfy creditor claims. The Debtor reserves all of its rights to re-categorize and/or re-characterize such accounts to the extent the Debtor determines that such accounts were improperly listed.

The two accounts the Debtor held with IOR, with account numbers ending in 1001 and 1002, listed on Item 3 of Part 1 were closed and liquidated as of October 6, 2020. These accounts were open as of the Petition Date, and, as such, are listed with their respective balances as of the Petition Date.

The Debtor lists six accounts with JPMorgan Chase Bank, N.A., with account numbers ending in 0936, 0770, 0932, 8495 and 0656, that hold funds for PSIP. More information about PSIP can be found in the *Declaration Of Charles Moore, Managing Director Of Alvarez & Marsal North America, LLC, Proposed Restructuring Advisor To The Roman Catholic Diocese Of Rockville Centre, New York, In Support Of Chapter 11 Petition And First Day Pleadings* [Docket No. 3] (the "First Day Declaration"). The Debtor believes assessments for coverage under PSIP collected from participants and held in these accounts may not constitute property of the Debtor. The Debtor reserves its rights with respect to the appropriate classification of such assessments.

- (b) **Part 3.** The Debtor's accounts receivable balances include amounts it treats as receivable from parishes on account of Cathedraticum assessments on parish offertory collections. Because parishes are not obligated to pay under applicable law, the Debtor may not have a vested property interest in receivable amounts. The Debtor reserves its rights with respect to the appropriate classification of such assessments.
- (c) **Part 9.** For the Debtor's owned real property, such owned real estate is reported at book value, net of accumulated depreciation. The Debtor may have listed certain assets as real property when such assets are in fact personal property, or the Debtor may have listed certain assets as personal property when such assets are in fact real property. Buildings and land improvements are listed on Schedule A/B independent of whether the real property to which the building or land improvement is connected is Debtor-owned property. The Debtor reserves all of its rights to re-categorize and/or re-characterize such asset holdings to the extent the Debtor determines that such holdings were improperly listed.

- (d) **Part 10.** Because the Debtor does not attribute any book value its donor lists and other intellectual property, the Debtor has listed these assets with undetermined values.
- (e) **Part 11.** As described further in the First Day Declaration, the Debtor has appointed an independent committee to review certain significant transactions that occurred on or after January 1, 2014. These transactions are not listed as potentially giving rise to causes of action on Part 11 of Schedule A/B because the Debtor has not yet taken a position as to whether any such potential causes of action exist. The Debtor reserves all of its rights with respect to any potential causes of action, whether or not listed on Part 11 of Schedule A/B.

The Hospital Receivable: PSIP and Insurance Reimbursable: PSIP items listed in response to Question 77 of Part 11 reflect future amounts that third parties will owe the Debtor pursuant to obligations to reimburse the Debtor for insurance claims paid out by the Debtor. Such amounts only become payable to the Debtor once and to the extent that the Debtor has paid a claim for which reimbursement is available. Further, as described above, the actuarial reports for the fiscal year ended August 31, 2020 that provide estimates of the values of these two amounts were not available as of the Petition Date and are not expected to be available until November 2020. Accordingly, the values of these items are listed as undetermined.

#### **Schedule E/F**

- (a) **Part 1.** The Court has authorized the Debtor, in its discretion, to pay certain liabilities that may be entitled to priority under the applicable provisions of the Bankruptcy Code. For example, the *Interim Order Authorizing The Debtor To (I) Pay Prepetition Employee Wages, Salaries, Benefits And Other Related Items; (II) Reimburse Prepetition Employee Business Expenses; (III) Continue Employee Benefit Programs; And (IV) Pay All Costs And Expenses Incident To The Foregoing* [Docket No. 39], which authorized the Debtor to pay or honor certain prepetition obligations with respect to employee wages, salaries and other compensation, reimbursable employee expenses and similar benefits. To the extent such Claims have been paid or may be paid pursuant to further Court order, they may not be included on Part 1 of Schedule E/F.
- (b) **Part 2.** The Debtor has used reasonable efforts to report all non-priority general unsecured Claims against the Debtor on Part 2 of Schedule E/F based upon the Debtor's existing books and records as of the Petition Date. The Claims of individual creditors for, among other things, products, goods, or services are listed as either the lower of the amounts invoiced by such creditor or the amounts entered on the Debtor's books and records and may not reflect credits or allowances due from such creditors to the applicable Debtor. The Debtor reserves all of its rights with respect to any such credits and allowances, including the right to assert objections and/or setoffs with respect to the same. Part 2 does not include certain deferred charges, deferred liabilities, accruals, or general reserves. Such amounts are, however, reflected on the Debtor's books and records as required in accordance

with GAAP. Such accruals are general estimates of liabilities and do not represent specific Claims as of the Petition Date.

The Claims listed on Part 2 of Schedule E/F arose or were incurred on various dates. In certain instances, the date on which a Claim arose is an open issue of fact. Determining the date upon which each Claim on Part 2 was incurred or arose would be unduly burdensome and cost prohibitive. As a result, the Debtor has not listed a date for each Claim listed on Part 2.

Part 2 of Schedule E/F does not include obligations owed by third party insurance companies on account of abuse-related liabilities, including, without limitation, defense costs due and owing to litigation defense counsel and related professionals.

## 5. **Specific Disclosures with Respect to the Debtor's Statement**

- (a) **Statement 3.** Statement 3 includes any disbursement or other transfer made by the Debtor except for those made to insiders (which payments appear in Statement 4), for gifts or charitable contributions (which payments appear in Statement 9), bankruptcy professionals (which payments appear in Statement 11) and employees. Disbursements made on account of multiple invoices may be reflected as a single payment. For additional detail on the Debtor's cash management system, see the Cash Management Motion. All transfers in Part 2, Question 3 of the Statement are listed as of the payment date.
- (b) **Statement 7.** Statement 7 lists only those legal disputes and administrative proceedings that are formally recognized by an administrative, judicial, or other adjudicative forum as of the Petition Date. The Debtor has anonymized confidential matters in response to this question where disclosure would violate certain laws or where the investigating jurisdiction has requested confidentiality. Additionally, any information listed in Statement 7 shall not be a binding admission of the Debtor's liabilities with respect to any of the suits and proceedings identified therein. The Debtor reserves all rights with respect to the suits and administrative proceedings listed in Statement 7, and any claims filed in relation to such suits and administrative proceedings.
- (c) **Statement 9.** Certain *de minimis, non-cash*, gifts that are not reported or tracked centrally may have been excluded. Certain gifts included in this response were paid with funds given to the Debtor for the sole purposes of acting as a conduit to the recipient, and do not represent the transfer of Debtor assets.

The Debtor has included on Statement 9 an operating support payment it made to the Department of Education, Diocese of Rockville Centre (the "Department of Education") on September 6, 2020 in the amount of \$327,000. However, the entire amount of this payment was subsequently returned to the Debtor in accordance with the Debtor's decision to cease providing operating support payments to the Department of Education in excess of the designated funds the Department of Education receives from the Non-School Assessment.

- (d) **Statement 11.** All payments for services of the proposed retained professionals in the chapter 11 case made within one year immediately preceding the Petition Date are listed on the Debtor's response to Statement 11. Additional information regarding the Debtor's retention of professional service firms is more fully described in individual retention applications and related orders.
- (e) **Statement 21.** The Debtor has listed certain pledges receivable on Statement 21 consistent with the treatment of these amounts in the Debtor's internal accounting systems. However, the Debtor does not believe that it has a vested property interest in such pledges under applicable law. Inclusion of any item in response to Statement 21 does not constitute a determination or admission by the Debtor that such item does or does not constitute an interest in property. The Debtor reserves its rights with respect to the appropriate classification of such pledges.
- (f) **Statements 22–24.** The Debtor made reasonable efforts to identify all applicable environmental information as required by Part 12. These efforts included reviewing the Debtor's environmental records and incorporating the historical knowledge of the Debtor into the Schedules and Statement to the extent applicable and practicable.
- (g) **Statement 30.** Where applicable, the Debtor has included a comprehensive response to Statement 30 in Statement 4.

Fill in this information to identify the case:

Debtor name The Roman Catholic Diocese of Rockville Centre, New YorkUnited States Bankruptcy Court for the: Southern District of New YorkCase number (If known): 20-12345 (SCC) Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets****1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B* .....\$ 2,091,992.35**1b. Total personal property:**Copy line 91A from *Schedule A/B* .....\$ 91,186,043.57

+ undetermined amounts

**1c. Total of all property:**Copy line 92 from *Schedule A/B* .....\$ 93,278,035.92

+ undetermined amounts

**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D* .....\$ 0.00

+ undetermined amounts

**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F* .....\$ 0.00**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F* .....+ \$ 52,837.44

+ undetermined amounts

**4. Total liabilities** .....

Lines 2 + 3a + 3b

\$ 52,837.44

+ undetermined amounts

Fill in this information to identify the case:

Debtor name The Roman Catholic Diocese of Rockville Centre, New York  
 United States Bankruptcy Court for the: Southern District of New York  
 Case number (if known): 20-12345 (SCC)

Check if this is an amended filing

Official Form 206A/B

## Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

### Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- No. Go to Part 2.  
 Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

\$                    0.00

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number
3.1. <u>See Attached Rider</u>	<u>                  </u>	\$ <u>                  </u> 83,825,868.19
3.2. <u>                  </u>	<u>                  </u>	\$ <u>                  </u>

4. Other cash equivalents (Identify all)

4.1. <u>None</u>	\$ <u>                  </u> 0.00
4.2. <u>                  </u>	\$ <u>                  </u>

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$                    83,825,868.19

### Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

- No. Go to Part 3.  
 Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. <u>See Attached Rider</u>	\$ <u>                  </u> 50,000.00
7.2. <u>                  </u>	\$ <u>                  </u>

Debtor The Roman Catholic Diocese of Rockville Centre, New York  
Name \_\_\_\_\_

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**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1. See Attached Rider \_\_\_\_\_ \$ 5,294,040.60  
8.2. \_\_\_\_\_ \$ \_\_\_\_\_

**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$ 5,344,040.60

**Part 3: Accounts receivable**

**10. Does the debtor have any accounts receivable?**

No. Go to Part 4.

Yes. Fill in the information below.

**Current value of debtor's interest**

**11. Accounts receivable**

11a. 90 days old or less:	<u>177,767.89</u>	-	<u>11,730.93</u>	= ..... ➔	\$ <u>166,036.96</u>
	face amount		doubtful or uncollectible accounts		
11b. Over 90 days old:	<u>9,822,298.24</u>	-	<u>8,864,531.39</u>	= ..... ➔	\$ <u>957,766.85</u>
	face amount		doubtful or uncollectible accounts		

**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 1,123,803.81

**Part 4: Investments**

**13. Does the debtor own any investments?**

No. Go to Part 5.

Yes. Fill in the information below.

**Valuation method used for current value**

**Current value of debtor's interest**

**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. <u>None</u>	_____	\$ <u>0.00</u>
14.2. _____	_____	\$ _____

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity: % of ownership:

15.1. <u>See Attached Rider</u>	<u>%</u>	\$ <u>0.00</u>
15.2. _____	<u>%</u>	\$ <u>+ undetermined amounts</u>

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

16.1. <u>None</u>	_____	\$ <u>0.00</u>
16.2. _____	_____	\$ _____

**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

\$ 0.00  
+ undetermined amounts

Debtor The Roman Catholic Diocese of Rockville Centre, New York  
Name \_\_\_\_\_

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**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

No. Go to Part 6.

Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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19. Raw materials

\_\_\_\_\_ MM / DD / YYYY \$ \_\_\_\_\_ \$ \_\_\_\_\_

20. Work in progress

\_\_\_\_\_ MM / DD / YYYY \$ \_\_\_\_\_ \$ \_\_\_\_\_

21. Finished goods, including goods held for resale

\_\_\_\_\_ MM / DD / YYYY \$ \_\_\_\_\_ \$ \_\_\_\_\_

22. Other inventory or supplies

\_\_\_\_\_ MM / DD / YYYY \$ \_\_\_\_\_ \$ \_\_\_\_\_

23. Total of Part 5

Add lines 19 through 22. Copy the total to line 84.

\$ \_\_\_\_\_ 0.00

24. Is any of the property listed in Part 5 perishable?

No  
 Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

No  
 Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

No  
 Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

No. Go to Part 7.

Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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28. Crops—either planted or harvested

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

29. Farm animals Examples: Livestock, poultry, farm-raised fish

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

30. Farm machinery and equipment (Other than titled motor vehicles)

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

31. Farm and fishing supplies, chemicals, and feed

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

32. Other farming and fishing-related property not already listed in Part 6

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Debtor The Roman Catholic Diocese of Rockville Centre, New York  
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**33. Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ 0.00

**34. Is the debtor a member of an agricultural cooperative?**

- No  
 Yes. Is any of the debtor's property stored at the cooperative?  
 No  
 Yes

**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

- No  
 Yes. Book value \$ \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \$ \_\_\_\_\_

**36. Is a depreciation schedule available for any of the property listed in Part 6?**

- No  
 Yes

**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?**

- No  
 Yes

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- No. Go to Part 8.  
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**39. Office furniture**

See Attached Rider \$ 14,777.79 \_\_\_\_\_ \$ 14,777.79

**40. Office fixtures**

See Attached Rider \$ 0.00 \_\_\_\_\_ \$ 0.00

**41. Office equipment, including all computer equipment and communication systems equipment and software**

See Attached Rider \$ 201,029.92 \_\_\_\_\_ \$ 201,029.92

**42. Collectibles Examples:** Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

42.1 <u>None</u>	\$ _____	_____	\$ <u>0.00</u>
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

**43. Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ 215,807.71

**44. Is a depreciation schedule available for any of the property listed in Part 7?**

- No  
 Yes

**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- No  
 Yes

Debtor The Roman Catholic Diocese of Rockville Centre, New York  
Name \_\_\_\_\_

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**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

No. Go to Part 9.

Yes. Fill in the information below.

General description  Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest  (Where available)	Valuation method used for current value	Current value of debtor's interest
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47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

47.1 <u>See Attached Rider</u>	\$ <u>16,965.54</u>	_____	\$ <u>16,965.54</u>
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____

48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1 <u>None</u>	\$ _____	_____	\$ <u>0.00</u>
48.2 _____	\$ _____	_____	\$ _____

49. Aircraft and accessories

49.1 <u>None</u>	\$ _____	_____	\$ <u>0.00</u>
49.2 _____	\$ _____	_____	\$ _____

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

<u>None</u>	\$ _____	_____	\$ <u>0.00</u>
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51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$ 16,965.54

52. Is a depreciation schedule available for any of the property listed in Part 8?

- No  
 Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- No  
 Yes

Debtor The Roman Catholic Diocese of Rockville Centre, New York  
Name \_\_\_\_\_

Case number (if known) 20-12345 (SCC)

### Part 9: Real property

54. Does the debtor own or lease any real property?

- No. Go to Part 10.  
 Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 See Attached Rider		\$ 2,091,992.35		\$ 2,091,992.35
55.2		\$		\$
55.3		\$		\$
55.4		\$		\$
55.5		\$		\$
55.6		\$		\$

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ 2,091,992.35

57. Is a depreciation schedule available for any of the property listed in Part 9?

- No  
 Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- No  
 Yes

### Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- No. Go to Part 11.  
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$		\$
61. Internet domain names and websites See Attached Rider	\$ 0.00		\$ 0.00 + undetermined amounts
62. Licenses, franchises, and royalties	\$		\$
63. Customer lists, mailing lists, or other compilations Donor List	\$		\$ Undetermined
64. Other intangibles, or intellectual property	\$		\$
65. Goodwill	\$		\$
66. Total of Part 10.	\$ 0.00 + undetermined amounts		

Add lines 60 through 65. Copy the total to line 89.

Debtor The Roman Catholic Diocese of Rockville Centre, New York  
Name \_\_\_\_\_

Case number (if known) 20-12345 (SCC)

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- No  
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- No  
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- No  
 Yes

#### Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.  
 Yes. Fill in the information below.

Current value of  
debtor's interest

71. Notes receivable

Description (include name of obligor)

None Total face amount - doubtful or uncollectible amount = ➔ \$ 0.00

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

None	Tax year	\$	0.00
_____	_____	_____	_____
_____	_____	_____	_____

73. Interests in insurance policies or annuities

See Attached Rider \$ 0.00  
+ undetermined amounts

74. Causes of action against third parties (whether or not a lawsuit has been filed)

None \$ 0.00

Nature of claim \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

None \$ 0.00

Nature of claim \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

76. Trusts, equitable or future interests in property

None \$ 0.00

77. Other property of any kind not already listed Examples: Season tickets, country club membership

See Attached Rider \$ 659,557.72  
+ undetermined amounts  
\$ \_\_\_\_\_

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ 659,557.72  
+ undetermined amounts

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- No  
 Yes

Debtor The Roman Catholic Diocese of Rockville Centre, New York  
Name \_\_\_\_\_

Case number (if known) 20-12345 (SCC)

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ 83,825,868.19	
81. Deposits and prepayments. Copy line 9, Part 2.	\$ 5,344,040.60	
82. Accounts receivable. Copy line 12, Part 3.	\$ 1,123,803.81	
83. Investments. Copy line 17, Part 4.	\$ 0.00 + undetermined amounts	
84. Inventory. Copy line 23, Part 5.	\$ 0.00	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$ 215,807.71	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$ 16,965.54	
88. Real property. Copy line 56, Part 9. . . . .	→ \$ 2,091,992.35	
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$ 0.00 + undetermined amounts	
90. All other assets. Copy line 78, Part 11.	+ \$ 659,557.72 + undetermined amounts	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 91,186,043.57 + undetermined amounts	91b. \$ 2,091,992.35
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$ 93,278,035.92 + undetermined amounts

Debtor Name: The Roman Catholic Diocese of Rockville Centre,  
New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 1, Question 3:** Checking, savings, money market, or financial brokerage accounts

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
IOR (INSTITUTE FOR WORKS OF RELIGION)	Checking Account	1001	\$56,455.70
IOR (INSTITUTE FOR WORKS OF RELIGION)	Checking Account	1002	\$11,778.40
JPMORGAN CHASE	Money Market Account	0769	\$59,593,963.38
JPMORGAN CHASE	Money Market Account	0770	\$17,423,685.11
JPMORGAN CHASE	Checking Account	0928	\$2,970,503.68
JPMORGAN CHASE	Checking Account	0936	\$1,352,526.21
JPMORGAN CHASE	Checking Account	0902	\$211,220.45
JPMORGAN CHASE	Checking Account	6502	\$81,474.08
JPMORGAN CHASE	Money Market Account	0767	\$54,256.60
JPMORGAN CHASE	Checking Account	7252	\$30,370.37
JPMORGAN CHASE	Checking Account	6552	\$500.00
SIGNATURE BANK	Money Market Account	3567	\$2,039,134.21
		<b>TOTAL</b>	<b>\$83,825,868.19</b>

IOR (Institute for Works of Religion) account balances as of 8/31/2020

Debtor Name: The Roman Catholic Diocese of Rockville Centre,  
New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property**

**Part 2, Question 7:** Deposits, including security deposits and utility deposits

Description	Name of holder of deposit	Current value of debtor's interest
Security deposit for Dominican Village lease Lease address: 565 Albany Avenue Amityville, New York 11701	Dominican Village	\$50,000.00
	<b>TOTAL</b>	<b>\$50,000.00</b>

Debtor Name: The Roman Catholic Diocese of Rockville Centre,  
New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 2, Question 8:** Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description	Name of holder of prepayment	Current value of debtor's interest
Abila 2019 Maintenance and Support - Additional billing relating to Inv. Q-34024-1	Abila, Inc.	\$26.87
Abila MIP FA Maintenance & Support Plan - Renewal 2020 - 2/27/20-2/26/21 - 403B	Abila, Inc.	\$137.37
Abila MIP FA Maintenance & Support Plan - Renewal 2020 - 2/27/20-2/26/21 - Admin Office	Abila, Inc.	\$1,071.68
Abila MIP FA Maintenance & Support Plan - Renewal 2020 - 2/27/20-2/26/21 - PSIP	Abila, Inc.	\$840.30
Professional Services-Retainer Agreement	Alvarez & Marsal North America LLC	\$350,000.00
Geo Data Plus Subscription 12-20-19-12-19-20	American Express	\$114.59
Monthly Charges Corporate Card - July 2020 - Foundation Center 7/15/20-7/14/21	American Express	\$1,301.87
Monthly Charges Corporate Card - February 2020 - Barracuda Email Security 2/2/20-2/1/21	American Express	\$752.73
Monthly Charges Corporate Card - July 2020 - Survey Monkey - 7/12/20-7/11/21	American Express	\$358.84
Monthly Charges Corporate Card - June 2020 - Constant Contact 6/1/20-5/31/21	American Express	\$1,930.80
Monthly Charges Corporate Card-WIX.com-1/30/19-1/30/22	American Express	\$271.42
Monthly Charges-Corporate Card-Appl Serv Contract-2/28/18-2/27/23	American Express	\$442.16
Rcls- Monthly Corporate Charges- April 2020- Barracuda 4/7/20-4/6/21	American Express	\$3,222.27
IN024893 Annual Secure Check Mainten	AP Technology, LLC	\$587.93
Annual Renewal Formed Subscription - 6/27/20-6/27/21	Augustine Institute, Inc	\$1,474.52
Annual Service Agreeemnt Renewal - 11/1/19-10/31/20	Avaya Inc	\$1,705.34
63509 TestGenius Annual License	Biddle Consulting Group, Inc.	\$1,052.05
Maintenance, Analytic Solution Contract- 6/30/20-6/29/21	Blackbaud	\$29,244.89
NXT Learn Everything Training - 7/26/20-7/25/21 (CMA & THF)	Blackbaud	\$4,467.99
Big Commerce- Plus Store Annual 11/28/19-11/27/20	Cardmember Services	\$225.52
BigCommerce - Inv06127266	Cardmember Services	\$479.52
Constant Contact - 7/1/19-9/30/20	Cardmember Services	\$69.20
Constant Contact 6/9/20-6/8/21	Cardmember Services	\$727.52
Go To Meeting-1/17/20-1/16/21	Cardmember Services	\$141.17
Monthly Rent Prison Team - Monthly	Catholic Charities	\$1,250.00
2021 CMA Video-Production & Development of Video	Catholic Faith Network	\$22,500.00
Edge Yearly Support Maintenance 4/1/20-3/31/21	CDW Government, Inc	\$824.02
VM Annual Support- 6/1/20-5/31/21	CDW Government, Inc	\$890.47
Yearly Virus Protection- 6/1/20-5/31/21	CDW Government, Inc	\$2,152.21
Registration Renewal-2014 Nissan Vin #8659-Sr. MA Piil-9/1/19-8/31/21	Commissioner of Motor Vehicles	\$49.96
Annual Renewal-CaseMaster Maintenance & Support - 9/22/19-9/21/20	Digital Innovation Inc	\$52.92
2020 Annual Renewal of Dues - 1/1/20-12/31/20	Diocesan Fiscal Management Conference	\$308.33
Docusign Product Purchased to Support Electronic Signing of Documents - 6/17/20-6/16/21	DocuSign, Inc.	\$1,504.38
Quarterly Invoice - Credit Reporter Gold - 6/11/20-9/10/20	Dun & Bradstreet, Inc	\$305.71

Debtor Name: The Roman Catholic Diocese of Rockville Centre,  
New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 2, Question 8:** Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description	Name of holder of prepayment	Current value of debtor's interest
EAC Excess Liability - 2nd of 4 Installments	Ecclesia Assurance Company	\$28,712.29
EAC Excess Liability - 3rd of 4 Installments	Ecclesia Assurance Company	\$28,712.29
EAC Primary Liability - 2nd of 4 Installments	Ecclesia Assurance Company	\$279,611.17
EAC Primary Liability - 3rd of 4 Installments	Ecclesia Assurance Company	\$279,611.17
Excess Aggregate Liability ERP 1st of 4 Installments	Ecclesia Assurance Company	\$20,491.80
Excess Aggregate Liability- ERP 3/4 Premium Remaining Balance	Ecclesia Assurance Company	\$61,475.41
Excess Liability 1st of 4 Installments	Ecclesia Assurance Company	\$28,712.29
Excess Liability 4th of 4 Intstallments	Ecclesia Assurance Company	\$28,712.29
Primary Liability 1st of 4 Installments	Ecclesia Assurance Company	\$279,611.17
Primary Liability 4th of 4 Installments	Ecclesia Assurance Company	\$279,611.17
Primary Liability SA-ERP 3/4 Premium Remaining Balance	Ecclesia Assurance Company	\$151,624.55
Primary Liabillity SA-ERP 1st of 4 Installments	Ecclesia Assurance Company	\$50,541.52
Property Bolier Retention Buy Down	Ecclesia Assurance Company	\$219,070.50
Deposit for 5 Pre-Cana Sessions at EMRH 2019-2020	Emmanuel Marianist Retreat House	\$1,200.00
Annual Diocesan Dues - 9/1/20-8/31/21	Federation of Diocesan Liturgical Commissions	\$1,382.00
ID #2616124 - UG Tuition Online Mary Grace Roach Fall 2020	Franciscan University of Steubanville	\$1,260.00
eMatch Custom Donor Link 2 year Renewal - 7/1/20-6/30/22	HEP Development Services	\$1,317.70
Annual Maintenance Agreement-12/1/19-11/30/2020	Imagine Time Inc	\$267.28
Retainer Agreement Legal Services Restructuring	Jackson Lewis P.C.	\$30,000.00
JMT MIP Gold Plan Annual Renewal - 2/29/20-2/28/21 - 403B	JMT Consulting Group	\$19.53
JMT MIP Gold Plan Annual Renewal - 2/29/20-2/28/21 - Admin	JMT Consulting Group	\$150.60
JMT MIP Gold Plan Annual Renewal - 2/29/20-2/28/21 - PSIP	JMT Consulting Group	\$118.08
21482452 Contract #410537-Sprinkler Tst	Johnson Controls Fire Protection, LP	\$1,825.26
Annual Central Sta-Alarm & Detection Monitoring-6/1/20-5/31/21	Johnson Controls Fire Protection, LP	\$602.59
Annual Extinguisher Test Inspection 10/1/19-9/30/20	Johnson Controls Fire Protection, LP	\$56.49
Retainer - Professional Services 6/20	Jones Day	\$800,000.00
Expense Reimbursement - June 2020 - CPA License Renewal 11/1/20-10/31/23	Joseph Young	\$292.00
Expense Reimbursement - June 2020 - NYSSA Membership Renewal 6/1/20-5/31/21	Joseph Young	\$325.36
42 GoToMyPC Corporate Service - Order #634602 - 4/14/20-4/13/21	LogMein USA, Inc.	\$2,827.31
Reimbursement for NYS Attorney Registration 2 YR Renewal 2020-2021 7/1/20-7/1/22	Michael Flanagan	\$343.15
NADD Membership Dues Deacon Personnel - 7/1/20-6/30/21 - Deacon Larry Faulkenberry	National Assn of Deaconate Directors	\$520.55
Virtus Online Annual Renewal Fee	National Catholic Services LLC	\$16,191.78
Hotline-Per Employee Subscription 1-1-20 to 12-31-20	NAVEX Global Inc	\$2,791.92
Annual Membership Renewal - Rev. Sean Magaldi	NCDVD	\$442.33
3 Year Firebox Security Suite-7/1/2019-6/30/2022	Network Outsource, Inc	\$1,479.76
52484 Watchguard Renew 3/3/20-3/2/22	Network Outsource, Inc	\$728.16
Aerochive License 3 Year Renewal - 4/20/19-4/19/22	Network Outsource, Inc	\$1,427.45
Final Payment Aerochinve License 3 Year Renewal - 4/20/19-4/19/22	Network Outsource, Inc	\$1,427.45

Debtor Name: The Roman Catholic Diocese of Rockville Centre,  
New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 2, Question 8:** Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description	Name of holder of prepayment	Current value of debtor's interest
Firewall Security Subscription (Western Vicariate to DRVC Connection) 8/1/19-7/31/22	Network Outsource, Inc	\$565.13
WatchGuard 3 Year Renewal - DRVC Massapequa Park - 4/13/20-4/12/23	Network Outsource, Inc	\$1,742.47
WatchGuard Renewal Main Pastoral Center 1 year for Firebox M400 4/19/20-4/18/21	Network Outsource, Inc	\$2,281.10
Annual Membership Dues 12-1-19 to 11-30-20	New York Self-Insurers Association	\$130.53
Contribution - Operational Costs NYSCC - 7/1/20-12/31/20	New York State Catholic Conference	\$90,111.59
Policy #H-2179-620-6 - NYSIF Policy Balance 2020	New York State Insurance Fund	\$15,077.37
Legal Fees-Modification of Financial Terms - Net as of 8/31	Nixon Peabody LLP	\$90,250.50
Prepaid Bulk Mail	Not Applicable	\$578.74
Prepaid Postage Meter Expense	Not Applicable	\$13,422.26
PSIP-STATE INSURANCE WC FUND	NYS Ins. Fund (NYSIF)-W/C policies	\$257,260.55
Annual Subscription - Oil Price Daily Web Report - 10/1/19-9/30/20	Oil Price Information Service, LLC	\$29.92
Annual Renewal - Emergency Notification Service - 8/31/20-8/30/21	OnSolve, LLC	\$3,570.00
Rent Parish Services & Pastoral Ctr Storage-Monthly - Parish Services	Our Lady Of Lourdes RCC	\$1,760.00
Rent Parish Services & Pastoral Ctr Storage-Monthly - Pastoral Center Storage	Our Lady Of Lourdes RCC	\$575.00
Postage Machine Lease - 6/30/20-9/29/20	Pitney Bowes	\$519.77
Allied world Assurance Co., 15% of Primary \$25Mil.	Porter & Curtis LLC	\$174,371.40
Aspen Specialty 10% of \$15mil X \$10Mil.	Porter & Curtis LLC	\$27,122.35
Ategrity Specialty 40% of \$25mil x\$25mil.	Porter & Curtis LLC	\$38,574.01
Axis Surplus Lines 20% of Primary \$25mil.	Porter & Curtis LLC	\$238,073.97
Berkley National Insurance Company-Excess Liability Policy	Porter & Curtis LLC	\$36,191.67
Chubb Boiler & Machinery/Jurisdictional Fees.	Porter & Curtis LLC	\$46,556.36
Crum & Foster 7.5% of \$25mil x\$25mil.	Porter & Curtis LLC	\$22,601.96
Endurance American 12.5%of \$40Mil X \$10Mil.	Porter & Curtis LLC	\$50,815.84
Endurance American Insurance Company-Excess Liability Policy	Porter & Curtis LLC	\$5,208.33
Everest Ins. Co., 25%of the Primary \$10Mil.	Porter & Curtis LLC	\$223,759.40
Federal Business Company Business Travel Renewal	Porter & Curtis LLC	\$1,799.59
Great American Insurance Company-Crime Policy Renewal	Porter & Curtis LLC	\$4,966.67
Great Divide Insurance Company-Tenant Users Liability Renewal 7-22-20-7-21-21	Porter & Curtis LLC	\$3,994.52
Hallmark Specialty 20% of \$25mil x \$25mil.	Porter & Curtis LLC	\$48,217.51
HDI Apecialty Insurance Company-Cyber Policy	Porter & Curtis LLC	\$7,907.93
Interstate Fire 50% of \$50mil x \$50mil.	Porter & Curtis LLC	\$67,805.88
Ironshore Indemnity Inc-Excess Fiduciary Liability	Porter & Curtis LLC	\$4,057.38
Kinsale Ins. co., 20% of \$25mil x \$25mil.	Porter & Curtis LLC	\$51,231.11
Landmark American 30% of \$50mil x \$50mil.	Porter & Curtis LLC	\$37,248.03
Liberty Surplus Insurance Corp-Excess Liability Policy	Porter & Curtis LLC	\$3,242.81
Lloyds (Miller) Terrorism.	Porter & Curtis LLC	\$10,125.68
Lloyds 10.83% of \$15Mil X \$10Mil.	Porter & Curtis LLC	\$27,097.04
Lloyds 16.67% of \$15mil x \$10mil.	Porter & Curtis LLC	\$41,688.26

Debtor Name: The Roman Catholic Diocese of Rockville Centre,  
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Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 2, Question 8:** Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description	Name of holder of prepayment	Current value of debtor's interest
Markel Insurance Company-Excess Fiduciary Liability	Porter & Curtis LLC	\$2,469.84
Markel Insurance Company-Excess Fiduciary Liability	Porter & Curtis LLC	\$1,715.16
National Union Fire Insurance Company-Excess Fiduciary Liability	Porter & Curtis LLC	\$2,744.26
Navigators Insurance Company-Excess Liability Policy	Porter & Curtis LLC	\$5,253.00
Risk Management Fee-1st of 4 Installments 7-1-20-9-30-20	Porter & Curtis LLC	\$24,456.52
RLI Insurance Co D&O Side Excess	Porter & Curtis LLC	\$4,058.73
RLI Insurance Company-Primary Fiduciary Liability	Porter & Curtis LLC	\$8,114.75
RLI Insurance Company-Side A Excess Fiduciary Liability	Porter & Curtis LLC	\$2,950.82
RSUI Indemnity Company-Excess Liability Policy	Porter & Curtis LLC	\$2,083.33
Steadfast/Zurich 15% of Primary \$25Mil.	Porter & Curtis LLC	\$190,058.37
US Specialty Ins Co-Kidnap & Ransom Policy 3 year Prepaid Renewal	Porter & Curtis LLC	\$20,249.32
Westchester Surplus Lines 25% of primary \$10Mil.	Porter & Curtis LLC	\$226,019.59
Annual Renewal Fee - PO Box 9023 - 2/1/20-1/31/21	Post Master	\$581.07
Permit #85 First Class Presort Fee 9/12/19-9/11/20	Postmaster-Hicksville	\$6.88
Renewal First Class Mail Fee Permit #85 - 9/12/20-9/11/21	Postmaster-Hicksville	\$240.00
Annual Renewal PO Box/Caller Service - 2/1/20-1/31/21	Postmaster-Rockville Centre	\$581.07
Annual Dues-Calendar Year 2020	Priests' Council Of New York	\$833.33
Annual Membership Renewal 4/1/20-3/31/21	Public Relations Society of America	\$188.77
Maintenance & Updates; Annual Domain Fee - 11/1/19-10/31/20	Red Penguin Web Solutions	\$71.10
Maintenance & Updates; Annual Domain Fee - 11/1/19-10/31/20	Red Penguin Web Solutions	\$71.10
August 2020 Retainer - Net as of 8/31	Reed Smith LLP	\$8,151.77
Monthly Charges - Calverton Answering Service - September 2020	Relay Communications Center Inc	\$432.14
Monthly Tuition Loan Payment - October 2020	Rev Michael Duffy	\$439.00
Monthly Tuition Loan Payment - September 2020	Rev Michael Duffy	\$439.00
Membership Dues Renewal	Risk & Insurance Management Society, Inc	\$746.32
Legal Services Retainer Fee	Sahn Ward Coschignano, PLLC	\$10,030.00
Monthly Rent - Diocesan Archives - Monthly	Seminary of the Immaculate Conception	\$2,500.00
Monthly Rent - Office of Deacon Formation - Monthly	Seminary of the Immaculate Conception	\$1,250.00
2020 Annual Maintenance 4/1/20- 3/31/21	Silverwoods Association	\$307.84
Monthly Subsidy - St. Agnes Cathedral - Monthly	St Agnes Cathedral	\$6,250.00
Subsidy - Residence Utilities - Monthly	St Agnes Cathedral	\$2,500.00
Monthly Rent - Western Vicariate Office - Monthly	St Aidan RCC	\$1,000.00
ID #661340528 - Lisa Spohr - Fall 2020 - 9/7/20-11/29/20	St Joseph's College Online	\$1,161.00
2020 Annual Diocesan Membership - 1/1/20-12/31/20	The National Catholic Bioethics Center	\$500.00
NCBC 2019/2020 Retainer Agreement - 10/1/19-9/30/20	The National Catholic Bioethics Center	\$409.84
Annual Maintenance Fee - 1/1/20-12/31/20	The Village at Palmetto Dunes HOA	\$552.50
Annual Subscription Renewal-11/10/19-11/9/20	The Wall Street Journal	\$103.26
2020-2021 Seminarian Auguste Horner - Room and Board including Fees	Theological College	\$17,780.00
2020-2021 Seminarian Jonathan Pham - Room and Board including Fees	Theological College	\$17,810.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre,  
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Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property**

**Part 2, Question 8:** Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description	Name of holder of prepayment	Current value of debtor's interest
2020-2021 Seminarian Joseph Krug - Phone, Cable, Internet, Laundry Maintenance, Retreat, Parking Fees	Theological College	\$2,195.00
2020-2021 Seminarian Nicholas Waldron - Phone, Cable, Internet, Laundry Maintenance, Retreat, Parking Fees	Theological College	\$2,225.00
2020-2021 Seminarian Patrick O'Brien - Room and Board including Fees	Theological College	\$14,266.96
Biennial Attorney Registration & Sept Mileage Expense	Thomas Renker	\$202.63
Quarterly Pastoral Center Elevator Contract - 8/1/20-10/31/20	Thyssenkrupp Elevator Corporation	\$1,924.24
2020 3rd Quarter Diocesan Assessment	United States Conference of Catholic Bishops	\$17,865.33
Annual Diocesan Partnership Renewal - 7/1/20-6/30/21	University of Dayton	\$2,490.41
Fall 2020/2021 - Housing - Rev Alessandro da Luz	University of St Mary of the Lake	\$3,050.00
Pastoral Center Annual Water Tower Contract 12/27/19-12/26/20	Waterlogic USA Inc	\$199.80
	<b>TOTAL</b>	<b>\$5,294,040.60</b>

Debtor Name: The Roman Catholic Diocese of Rockville Centre,  
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Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property**

**Part 4, Question 15:** Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of Entity	% of ownership	Valuation method used for current value	Current value of debtor's interest
ECCLESIA ASSURANCE COMPANY	100.00%	N/A	Undetermined
		<b>TOTAL</b>	<b>\$0.00</b> <b>+ undetermined amounts</b>

Debtor Name: The Roman Catholic Diocese of Rockville Centre,  
New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 39: Office furniture**

<b>General description</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-00315 1 2-Drawer File Cabinet	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00420 1 4-Drawer File Cabinet	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00462 1 Bookcase	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00406 1 Bookcase with Sliding Doors	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00382 1 Captain's Chair	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00337 1 Ceramic Lamp w/ Shade	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00241 1 Chair	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00474 1 Clothes Rack	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00455 1 Coat Rack	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00404 1 Credenza	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00421 1 Credenza	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00518 1 Desk & Posture Chair	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00485 1 End Table with Attached Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00372 1 Film Strip Cabinet	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00424 1 Glass Doored Bookcase	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00403 1 Lamp with Shade	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00318 1 Metal 1-Shelf Bookcase	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00323 1 Metal 2-Drawer Card File	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00426 1 Metal 2-Drawer File Cabinet	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00429 1 Metal 2-Drawer File Cabinet	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00411 1 Metal 4-Drawer File Cabinet	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00453 1 Metal 4-Drawer File Cabinet	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00436 1 Metal 5-Drawer File Cabinet	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00428 1 Metal 6-Drawer File Cabinet	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00342 1 Metal Bookcase w/ Glass Doors	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre,  
New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 39: Office furniture**

<b>General description</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-00395 1 Metal Coat Closet	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00467 1 Metal Credenza	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00366 1 Metal Executive Desk	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00550 1 Metal File Cabinet	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00551 1 Metal File Cabinet	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00412 1 Metal Storage Cabinet	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00413 1 Metal Table	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00444 1 Metal Table	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00415 1 Metal Telephone Stand	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00473 1 Metal Telephone Table	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00478 1 Metal/Formica Table	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00443 1 Open Bookcase	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00414 1 Plain Side Chair	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00483 1 Plexiglass Chair Mat	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00410 1 Secretarial Posture Chair	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00432 1 Secretarial Posture Chair	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00446 1 Secretarial Posture Chair	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00451 1 Secretarial Posture Chair	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00459 1 Secretarial Posture Chair	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00417 1 Side Arm Chair	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00450 1 Side Arm Chair	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00402 1 Side Table	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00439 1 Side Table with Shelf	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00454 1 Steel Storage Cabinet	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00343 1 Step Stool	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre,  
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Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 39: Office furniture**

<b>General description</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-00422 1 Storage Cabinet	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00487 1 Storage Cabinet	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00392 1 Swivel Chair	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00449 1 Swivel Chair	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00457 1 Swivel Chair	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00399 1 Swivel Chair w/ Adj Back	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00378 1 Table & Lamp	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00367 1 Telephone Stand	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00445 1 Typing Stand	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00379 1 Upholstered Couch	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00355 1 Walnut Credenza	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00521 1 Walnut Telephone Table	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00346 1 Wood Round Table	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00480 1 Wood Table	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00333 1 Wood Telephone Table w/ Door	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00336 1 Wood/Leather Club Chair	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00294 10 Conference Room Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00210 10 Drawer File (Maps & Blue Prints)	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00325 10 Wood Arm Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00376 11 Card Catalogue Cabinet	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00222 11 Files	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00283 11 Plain Side Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00330 11 Side Arm Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00387 11 Wooden Cabinets/Display Shelves	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00308 12 5-Drawer File Cabinets	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre,  
New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 39: Office furniture**

<b>General description</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-00892 12 Conference Room Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00252 12 Metal Bookcases - No Doors	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00358 12 Swivel Chairs w/ Adj Back	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00291 13 Credenzas	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00359 14 Side Arm Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00371 15 Plain Side Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00290 16 Desks	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00374 17 Metal Book Shelves	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00273 18 Side Arm Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00362 19 Metal Desks	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00381 2 10-Drawer Cabinets	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00265 2 2-Drawer File Cabinets	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00509 2 3-Drawer File Cabinets	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00517 2 Bookcases	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00220 2 Coat Racks	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00312 2 Coat Racks	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00245 2 Coat Stands	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00338 2 Coat Stands	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00365 2 Coat Stands	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00481 2 Credenzas	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00431 2 Desk Lamps	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00400 2 Desks	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00456 2 Desks	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00264 2 Easels	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00461 2 File Cabinets	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre,  
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**Assets - Real and Personal Property****Part 7, Question 39: Office furniture**

<b>General description</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-00515 2 File Cabinets	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00292 2 Large Metal Tables	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00383 2 Metal 3-Drawer File Cabinets	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00405 2 Metal 3-Drawer File Cabinets	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00324 2 Metal 8-Drawer File Cabinets	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00396 2 Metal Cabinets	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00407 2 Metal Clothes Racks	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00440 2 Metal Coat Rack Stands	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00256 2 Metal Credenzas	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00350 2 Metal Credenzas	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00438 2 Metal Credenzas	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00397 2 Metal File Cabinets	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00437 2 Metal Telephone Cabinets	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00349 2 Metal Utility Desks/Tables	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00300 2 Metal Wall Racks	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00442 2 Plain Side Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00452 2 Plain Side Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00460 2 Plexiglass Chair Pads	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00393 2 Secretarial Posture Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00468 2 Secretarial Posture Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00491 2 Secretarial Posture Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00229 2 Side Arm Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00394 2 Side Arm Club Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00219 2 Side Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00490 2 Side Chairs	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre,  
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**Assets - Real and Personal Property****Part 7, Question 39: Office furniture**

<b>General description</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-00508 2 Sliding Door Storage Cabinets	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00223 2 Sofas	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00285 2 Storage Cabinets	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00464 2 Swivel Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00211 2 Swivel Chairs w/ Adj Back	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00435 2 Swivel Chairs w/ Adj Back	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00351 2 Swivel Desk Lamps	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00377 2 Upholstered Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00260 2 Wood Coffee Tables	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00232 2 Wood Round Conference Table	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00238 2 Wood Tables	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00335 2 Wood/Leather Settee	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00240 20 Conference Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00249 20 Ltr Size 4-Drawer File Cabinets	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00259 21 Conference Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00298 21 Metal 3-Drawer File Cabinets	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00466 21 Plain Side Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00306 22 Side Arm Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00373 23 Metal Shelving Units	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00458 3 Arm Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00216 3 Credenzas w/ 6 Drawers	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01078 3 Cubes, chairs, desk	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00441 3 Desk Lamps	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00398 3 Desks	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00433 3 Desks	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre,  
New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 39: Office furniture**

<b>General description</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-00448 3 Desks	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00472 3 Desks	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00235 3 Files	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00352 3 Legal Size Metal File Cabinets	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00267 3 Metal Ash Tray Stands	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00225 3 Metal Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00209 3 Metal Credenzas w/ File Drawers	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00347 3 Metal Open Bookcases	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00380 3 Metal Pamphlet/Magazine Racks	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00321 3 Metal Storage Cabinets	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00470 3 Metal Storage Cabinets	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00261 3 Metal Tables	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00311 3 Metal/Formica Tables	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00489 3 Plain Side Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00348 3 Secretarial Posture Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00231 3 Side Arm Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00221 3 Stationary Cabinets	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00416 3 Swivel Chairs w/ Adj Back	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00339 3 Wood End Tables	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00328 3 Wood Executive Desks	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00326 3 Wood Tables	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00262 32 Metal 5-Drawer Blueprint Cabinet	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00341 33 Metal File Cabinets	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01317 36 Stackable Chairs for Lounge and 12 Arm Chairs for 2nd Floor conference room	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00570 3-Drawer File	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre,  
New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 39: Office furniture**

<b>General description</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-00274 4 3-Drawer Metal File Cabinets	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00370 4 4-Drawer Metal File Cabinets	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00360 4 Credenzas	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00419 4 Desks	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00254 4 Desks with Return	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00255 4 Desks without Return	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00469 4 Metal 4-Drawer File Cabinets	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00299 4 Metal 5-Drawer File Cabinets	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00345 4 Metal Desks	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00248 4 Secretarial Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00316 4 Secretarial Desks w/ Return	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00363 4 Secretarial Posture Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00212 4 Side Arm Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00434 4 Side Arm Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00401 4 Side Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00242 4 Steel File Cabinets	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00244 4 Swivel Chairs w/ Adj Back	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00332 4 Wood Bookcases w/ Glass Doors	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00357 4 Wood Desks	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00270 5 2-Drawer Metal Card Files	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00642 5 Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00237 5 Conference Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00418 5 Conference Room Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00320 5 Metal 2-Shelf Open Bookcases	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00386 5 Metal Storage Cabinets	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre,  
New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 39: Office furniture**

<b>General description</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-00331 5 Plain Side Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00329 5 Swivel Chairs w/ Adj Back	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00250 6 4-Drawer Specific Size Cabinets	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00479 6 Desks	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00227 6 End Tables - Wood & Formica	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00301 6 Leather Lounge Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00344 6 Metal Storage Cabinets	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00334 6 Plexiglass Chair Pads	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00866 6 Secretarial Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00314 6 Secretarial Posture Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00246 6 Side Arm Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00309 7 Bookcases w/ 4 Shelves	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00313 7 Executive Desks	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00364 7 Metal 3-Drawer File Credenzas	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00477 7 Metal File Cabinets	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00247 7 Plain Side Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00304 7 Swivel Chairs w/ Adj Back	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00369 7 Tables	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00317 8 4-Drawer File Cabinets	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00327 8 Metal 6-Drawer File Cabinets	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00307 8 Plain Side Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00284 8 Secretarial Posture Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00482 8 Swivel Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00465 9 Side Arm Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00263 9 Steel Plan Boxes	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre,  
New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 39: Office furniture**

<b>General description</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-00272 9 Swivel Chairs w/ Adj Back	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01070 Archives for files, plans, prints, etc.	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00224 Arm Chair	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00281 Bookcase	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00556 Bookcase & File	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00555 Bookcases	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00704 Bookcases	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00286 Bookcases (9 Wood, 19 Metal)	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00389 Bright Projection Machine	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00970 Card & Printout File Cabinet	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01015 Chair & Sofa	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00710 Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00685 Chairs for Conference Room	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00953 Computer Desk	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00771 Computer Tables	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00842 Conference Room Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00239 Conference Table	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00310 Credenza	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00554 Credenza	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00643 Desk & Drawers	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01452 Dominican Village Furniture	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00384 Draperys	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00280 File Cabinet	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01010 File Cabinet, Desk, Bkcase, Carpet	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00798 File Cabinets	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre,  
New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 39: Office furniture**

<b>General description</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-00807 File Cabinets	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00865 File Cabinets & Chair	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00683 File Cabinets, Bookcases	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00813 File Card Drawers	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01537 File Sliding System for Pension	\$7,347.38	Net Book Value	\$7,347.38
Asset ID: COA-00608 Files	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01316 Finance Department Workstations and File Cabinets	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00575 Fiscal 1977 Additions	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00581 Fiscal 1979 Additions	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00584 Fiscal 1980 Additions	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00585 Fiscal 1981 Additions	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00591 Fiscal 1982 Additions	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00596 Fiscal 1984 Additions	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00597 Fiscal 1985 Additions	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00601 Fiscal 1989 Additions	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00539 Furniture	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00684 Furniture	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00697 Furniture	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00795 Furniture	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00822 Furniture	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00834 Furniture	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00877 Furniture	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01401 Furniture - Senior Priests' Residence	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00577 Furniture & Equipment	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00148 Furniture & Fixtures	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre,  
New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 39: Office furniture**

<b>General description</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-00149 Furniture & Fixtures	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00790 Furniture & Fixtures	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00770 Furniture for Lounge	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01060 Furniture for new Huntington office	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01538 Furnitures Set Up Apt 275&276	\$7,430.41	Net Book Value	\$7,430.41
Asset ID: COA-00269 High Drafting Chair	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01100 Laptops	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00268 Large Drafting Table	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00557 Legal-Sized File Cabinet	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01305 Liturgical Furnishings	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01074 Loveseat, coffee table, 3 chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00492 Lunch Room - 5 Conference Tables	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00494 Lunch Room - 7 Plain Chairs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00493 Lunch Room - Settee	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00495 Lunch Room - Wooden Table	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00385 Manual Punch & Binder	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01359 Masseepequa Park - Cubicles	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00275 Metal 2-Shelf Bookcase	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00293 Metal Conference Table	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00277 Metal Credenza	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00213 Metal Desk	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00276 Metal Desk	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00282 Metal Desk	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00322 Metal Shelves	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00447 Metal Storage Cabinet	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre,  
New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 39: Office furniture**

<b>General description</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-00266 Metal Table	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00519 Miscellaneous	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00552 Miscellaneous Addition	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01080 New Cubicles - Internal Audit	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01079 New desks & work areas	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01077 New Furniture, condensing units	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00177 No Description	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00589 No Description	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01300 Office Furnishings	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00671 Office Furniture	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00870 Office Furniture	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00983 Office Furniture	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01011 Office Furniture	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01069 Office Furniture	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01343 Office Furniture	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01363 Office furniture - Massapequa	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00999 Office Furniture/Computer Hardware	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00203 Papal & Bishop's Seals	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01345 Payroll Office Cubbies	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00215 Plastic Floor Mat Under Chair	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00390 Plexiglass Chair Pad	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00287 Refrigerator	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01059 Respect Life Office Furniture	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00197 Safe	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00198 Safe	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre,  
New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 39: Office furniture**

<b>General description</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-00199 Safe	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00200 Safe	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00302 Small Metal Table on Casters	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01483 St. Pius Residence - Furniture	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01496R St. Pius Residence - Furniture	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00430 Steel Shelving Units	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00856 Storage & File Cabinets	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00251 Storage Cabinet	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00558 Storage Cabinet	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00214 Table	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00391 Utility Racks	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01013 Utility Tk, File Cabinet, Mobile Storage	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00504 Various Shelves, Bases, Lenses	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00930 Venetian Blinds	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00230 Vinyl Hassock	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01492 Western Vicariate - Furniture	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01495 Western Vicariate - Furniture	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01489 Western Vicariate - Office Furniture	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00236 Wood Bookcases	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00228 Wood Desk & Bookcase	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00271 Wood End Table	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00279 Wood Telephone Stand	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00258 Wooden Conference Table	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00217 Wooden Desk	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00895 Workstation	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre,  
New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property**

**Part 7, Question 39: Office furniture**

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
		<b>TOTAL</b>	\$14,777.79

Debtor Name: The Roman Catholic Diocese of Rockville Centre,  
New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 40: Office fixtures**

<b>General description</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-00409 1 Crucifix	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00226 2 Crucifixes	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00484 2 Crucifixes	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00296 5 Crucifixes	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00340 5 Crucifixes	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00303 8 Crucifixes	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00911 Air Conditioner	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00801 Air Conditioners	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01061 Air Conditioning Units	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01064 Air Conditioning Units	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01065 Air Conditioning Units	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00836 Bathroom Vanity	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00356 Built-in Cabinets & Shelving	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00644 Carpet	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00353 Carpeting	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00361 Carpeting	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00408 Carpeting	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00475 Carpeting	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00614 Carpeting	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01018 Carpeting	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00537 Carpeting in Basement	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00278 Crucifix	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00678 Dishwasher	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00926 Exterior Signs	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01071 Fixtures & filing systems	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre,  
New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 40: Office fixtures**

<b>General description</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-00295 Green Carpeting	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00354 Kitchen Unit (Sink, Stove, Refrig)	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01067 New carpet and padding	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00305 Red Carpeting	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01012 Tabernacle for Bishop's House	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00202 Venetian Blinds (New Bldg)	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00201 Venetian Blinds (Old Bldg)	\$0.00	Net Book Value	\$0.00
		<b>TOTAL</b>	<b>\$0.00</b>

Debtor Name: The Roman Catholic Diocese of Rockville Centre, New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 41:** Office equipment, including all computer equipment and communication systems equipment and software

<b>General description</b>	<b>Basis</b>	<b>Depreciation</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-00660 (2) Laser Printers, Cables	\$5,900.45	\$5,900.45	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00659 (5) Computers & Monitors, Cables	\$8,475.10	\$8,475.10	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00488 1 Check Writer	\$195.00	\$195.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00368 1 Dictating Machine	\$310.25	\$310.25	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00476 1 Panasonic Tape Recorder	\$35.68	\$35.68	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00486 1 Paper Shredder	\$331.55	\$331.55	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00423 1 Produc-trol Tickler Board	\$135.00	\$135.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00463 1 Telephone Answering Device	\$383.25	\$383.25	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00520 1 Typewriter Desk	\$184.43	\$184.43	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00471 1 Typewriter Table	\$29.10	\$29.10	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00655 1050 Xerox Copier	\$13,213.00	\$13,213.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00878 2 Computers	\$3,009.97	\$3,009.97	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00893 2 Computers, 1 Printer	\$3,196.00	\$3,196.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00909 2 Copy Machines	\$21,496.00	\$21,496.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00907 2 Dot Matrix Printers	\$868.00	\$868.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00218 2 Metal Desks w/ Typewriter Arms	\$350.72	\$350.72	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00319 2 Metal Typewriter Stands	\$58.20	\$58.20	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00289 2 Overhead Projectors	\$249.00	\$249.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00297 2 Telephone Stands	\$80.80	\$80.80	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00593 2 Typewriter	\$1,539.33	\$1,539.33	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00176 2 Typewriters	\$1,030.00	\$1,030.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00178 2 Typewriters	\$1,370.00	\$1,370.00	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre, New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 41:** Office equipment, including all computer equipment and communication systems equipment and software

<b>General description</b>	<b>Basis</b>	<b>Depreciation</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-00179 2 Typewriters	\$1,010.00	\$1,010.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00527 2 Typewriters	\$1,070.00	\$1,070.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00507 2 Unitrex Mini Calculators	\$199.94	\$199.94	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00874 3 Computers & 3 Printers	\$5,037.00	\$5,037.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00725 3 Computers & Installation	\$9,951.75	\$9,951.75	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00375 3 Typewriter Tables	\$87.30	\$87.30	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00175 3 Typewriters	\$1,560.00	\$1,560.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00183 3 Typewriters	\$1,665.00	\$1,665.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00885 5 Computers, 1 Printer, 1 Netwk Hub	\$9,375.00	\$9,375.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01543 50% Deposit-Install and Mount 6 Wireless Access Points	\$4,105.50	\$2,052.72	\$2,052.78	Net Book Value	\$2,052.78
Asset ID: COA-00185 6 Typewriters	\$2,130.00	\$2,130.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00876 8 Computers & 3 Printers	\$10,083.00	\$10,083.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01008 Accrd itm added 10/99 for 8/31/99 y/e	\$1,029.00	\$1,029.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00963 Accuprinter	\$2,607.50	\$2,607.50	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01530 Add on for new backup server	\$813.95	\$678.30	\$135.65	Net Book Value	\$135.65
Asset ID: COA-00195 Adding Machine	\$425.00	\$425.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00196 Adding Machine	\$100.00	\$100.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00564 Adding Machine	\$163.00	\$163.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01511 Adj to COA-01508 DRVC Server Infrastructure Upgrade	\$1,000.00	\$1,000.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00542 Adler Electronic Calculator	\$368.00	\$368.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00959 ADLF Upgrade	\$1,725.00	\$1,725.00	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre, New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 41:** Office equipment, including all computer equipment and communication systems equipment and software

<b>General description</b>	<b>Basis</b>	<b>Depreciation</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-00540 Audio Visual Equipment	\$1,695.40	\$1,695.40	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01539 Back up & Recovery Upgrade Balance Due	\$8,749.50	\$4,374.72	\$4,374.78	Net Book Value	\$4,374.78
Asset ID: COA-00799 Back Up & Surge Protector	\$342.00	\$342.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00779 Back Up Power Supply	\$822.46	\$822.46	\$0.00	Net Book Value	\$0.00
Asset ID: coa-01536 Backup and Disaster Recovery Upgrade - 50% Down	\$8,749.50	\$4,374.72	\$4,374.78	Net Book Value	\$4,374.78
Asset ID: COA-01418 Backup for DRVC Server - Airwatch Secure Email Gateway Configuration and Deployment	\$500.00	\$500.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01375 Backup Hardware - Roosevelt	\$1,400.00	\$1,400.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01540 Balance Due - Server & San Switching	\$31,218.00	\$15,609.06	\$15,608.94	Net Book Value	\$15,608.94
Asset ID: coa-01552 Balance Due- Pastoral Center Phone System	\$41,910.50	\$6,985.08	\$34,925.42	Net Book Value	\$34,925.42
Asset ID: COA-01542 Balance Due-Building Distribution Switch Replacement	\$11,879.50	\$5,939.82	\$5,939.68	Net Book Value	\$5,939.68
Asset ID: COA-01553 Balance Pastoral Center Office 365 migration to Cloud based office 365 service	\$14,590.00	\$2,431.68	\$12,158.32	Net Book Value	\$12,158.32
Asset ID: COA-01541 Balance-New Firewall Holy Trinity Back-Up Site	\$4,190.50	\$2,095.20	\$2,095.30	Net Book Value	\$2,095.30
Asset ID: COA-00897 Bar Coding	\$3,174.60	\$3,174.60	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00901 Bar Coding	\$10,617.65	\$10,617.65	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01319 Barracuda Email Archiving Device	\$11,848.00	\$11,848.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01526 Battery Freight	\$780.00	\$650.10	\$129.90	Net Book Value	\$129.90
Asset ID: COA-01525 Battery Installation Removal Disposal	\$1,440.00	\$1,200.00	\$240.00	Net Book Value	\$240.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre, New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 41:** Office equipment, including all computer equipment and communication systems equipment and software

General description	Basis	Depreciation	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
Asset ID: COA-00634 Bell & Howell 16mm Projector	\$860.50	\$860.50	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00574 Bell & Howell Movie Projector	\$512.00	\$512.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00886 Binding System	\$433.00	\$433.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00649 Bondwell 310 Plus Laptop	\$1,399.00	\$1,399.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01416 Brocade Switch and Installation / Configuration	\$2,675.00	\$2,675.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00648 Brother 390 Instafax	\$729.00	\$729.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01533 Building Distribution Switch Replacement	\$11,879.50	\$5,939.82	\$5,939.68	Net Book Value	\$5,939.68
Asset ID: COA-00576 Building Machinery	\$42,722.43	\$42,722.43	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01047 Cable Tester & Data Cartridges	\$478.54	\$478.54	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00981 Camcorder/Editing System	\$17,470.00	\$17,470.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00775 Canofile C/D	\$1,638.00	\$1,638.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00572 Canon Calculator	\$160.50	\$160.50	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00736 Canon Canofile	\$25,746.04	\$25,746.04	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01387 Capacitor Replacement Battery	\$7,343.84	\$7,343.84	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00513 Carousel Sound Synchronizer	\$369.00	\$369.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00516 Cassette Duplicator	\$379.50	\$379.50	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00538 Cassettes	\$200.30	\$200.30	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00843 CD/Modem/Software	\$1,029.97	\$1,029.97	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00861 Cell Phone	\$255.46	\$255.46	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00915 Cell Phone	\$79.98	\$79.98	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00920 Cell Phone	\$69.98	\$69.98	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre, New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 41:** Office equipment, including all computer equipment and communication systems equipment and software

<b>General description</b>	<b>Basis</b>	<b>Depreciation</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-00964 Cell Phone	\$69.98	\$69.98	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01347 Central Monitoring for BUrglar & Fire Alarm	\$6,500.00	\$6,500.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01381 Comet Capacitor - Replacement parts	\$3,394.81	\$3,394.81	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01002 Comp/Hardware/Printer/O ff Equipmt	\$13,968.17	\$13,968.17	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01308 Computer	\$1,958.00	\$1,958.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01310 Computer	\$1,557.00	\$1,557.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00604 Computer	\$3,550.00	\$3,550.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00611 Computer	\$1,906.00	\$1,906.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00628 Computer	\$1,911.29	\$1,911.29	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00646 Computer	\$1,199.00	\$1,199.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00661 Computer	\$2,082.00	\$2,082.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00664 Computer	\$1,973.89	\$1,973.89	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00688 Computer	\$3,350.00	\$3,350.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00698 Computer	\$2,319.96	\$2,319.96	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00738 Computer	\$2,623.00	\$2,623.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00741 Computer	\$2,398.00	\$2,398.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00742 Computer	\$1,928.00	\$1,928.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00745 Computer	\$1,843.00	\$1,843.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00751 Computer	\$2,063.66	\$2,063.66	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00754 Computer	\$1,764.00	\$1,764.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00756 Computer	\$2,024.00	\$2,024.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00757 Computer	\$2,063.66	\$2,063.66	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00761 Computer	\$1,764.00	\$1,764.00	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre, New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 41:** Office equipment, including all computer equipment and communication systems equipment and software

<b>General description</b>	<b>Basis</b>	<b>Depreciation</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-00773 Computer	\$8,946.00	\$8,946.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00782 Computer	\$1,849.00	\$1,849.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00785 Computer	\$2,090.00	\$2,090.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00786 Computer	\$1,982.00	\$1,982.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00788 Computer	\$2,308.48	\$2,308.48	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00796 Computer	\$2,762.00	\$2,762.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00805 Computer	\$3,331.00	\$3,331.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00815 Computer	\$2,400.00	\$2,400.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00820 Computer	\$2,008.00	\$2,008.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00828 Computer	\$2,689.11	\$2,689.11	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00857 Computer	\$1,786.00	\$1,786.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00863 Computer	\$3,592.00	\$3,592.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00871 Computer	\$1,258.00	\$1,258.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00880 Computer	\$1,395.00	\$1,395.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00883 Computer	\$1,047.00	\$1,047.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00894 Computer	\$3,025.00	\$3,025.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00910 Computer	\$1,656.25	\$1,656.25	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00913 Computer	\$1,044.00	\$1,044.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00916 Computer	\$1,662.05	\$1,662.05	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00918 Computer	\$3,403.45	\$3,403.45	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00936 Computer	\$1,194.00	\$1,194.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00939 Computer	\$1,895.00	\$1,895.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00952 Computer	\$1,390.00	\$1,390.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00988 Computer	\$1,495.00	\$1,495.00	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre, New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 41:** Office equipment, including all computer equipment and communication systems equipment and software

<b>General description</b>	<b>Basis</b>	<b>Depreciation</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-00996 Computer	\$1,066.00	\$1,066.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00997 Computer	\$2,293.00	\$2,293.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01022 Computer	\$1,452.00	\$1,452.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01026 Computer	\$3,385.00	\$3,385.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01028 Computer	\$935.00	\$935.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01031 Computer	\$1,489.00	\$1,489.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01035 Computer	\$973.00	\$973.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00635 Computer & Monitor	\$2,165.15	\$2,165.15	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00906 Computer & Network Set-up	\$1,343.13	\$1,343.13	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00687 Computer & Printer	\$3,505.00	\$3,505.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00724 Computer & Printer	\$2,215.00	\$2,215.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00853 Computer & Printer	\$1,556.00	\$1,556.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00943 Computer & Printer	\$1,584.00	\$1,584.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00945 Computer & Printer	\$1,581.00	\$1,581.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00947 Computer & Printer	\$1,373.00	\$1,373.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00968 Computer & Printer	\$1,851.00	\$1,851.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00703 Computer & Printers	\$14,929.00	\$14,929.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00693 Computer & Software	\$1,590.00	\$1,590.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01032 Computer & Wiring	\$3,306.29	\$3,306.29	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00700 Computer Back-up	\$1,000.00	\$1,000.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00702 Computer Back-up	\$2,385.50	\$2,385.50	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01303 Computer Cables	\$77.34	\$77.34	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00592 Computer Equipment	\$1,039.40	\$1,039.40	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00620 Computer Equipment	\$1,259.85	\$1,259.85	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre, New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 41:** Office equipment, including all computer equipment and communication systems equipment and software

<b>General description</b>	<b>Basis</b>	<b>Depreciation</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-00708 Computer Hardware	\$2,716.80	\$2,716.80	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00714 Computer Hardware	\$5,433.60	\$5,433.60	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00719 Computer Hardware	\$1,037.00	\$1,037.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00721 Computer Hardware	\$2,716.80	\$2,716.80	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00904 Computer Hardware	\$1,386.75	\$1,386.75	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00998 Computer Hardware	\$975.95	\$975.95	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01000 Computer Hardware	\$839.00	\$839.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01001 Computer Hardware	\$1,722.00	\$1,722.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01004 Computer Hardware	\$708.13	\$708.13	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01099 Computer hardware	\$7,257.88	\$7,257.88	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01113 Computer hardware	\$6,775.26	\$6,775.26	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01126 Computer hardware	\$12,400.00	\$12,400.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01128 Computer hardware	\$17,500.00	\$17,500.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01129 Computer Hardware	\$116,571.40	\$116,571.40	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01130 Computer hardware	\$78,798.50	\$78,798.50	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01131 Computer hardware	\$201,966.81	\$201,966.81	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01132 Computer hardware	\$321,399.84	\$321,399.84	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01133 Computer hardware	\$104,713.87	\$104,713.87	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00727 Computer Hardware & Installation	\$3,146.00	\$3,146.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01134 Computer hardware/software	\$60,771.23	\$60,771.23	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01135 Computer hardware/software	\$238,050.97	\$238,050.97	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01136 Computer hardware/software	\$50,237.12	\$50,237.17	(\$0.05)	Net Book Value	(\$0.05)

Debtor Name: The Roman Catholic Diocese of Rockville Centre, New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 41:** Office equipment, including all computer equipment and communication systems equipment and software

<b>General description</b>	<b>Basis</b>	<b>Depreciation</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-01137 Computer hardware/software	\$88,964.83	\$88,964.88	(\$0.05)	Net Book Value	(\$0.05)
Asset ID: COA-01138 Computer hardware/software	\$122,678.81	\$122,678.81	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01127 Computer installation & configuration	\$17,600.00	\$17,600.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00889 Computer Memory Upgrade Kit	\$230.00	\$230.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00778 Computer Networking	\$6,844.05	\$6,844.05	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01356 Computer Parts	\$5,930.36	\$5,930.36	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01373 Computer Parts	\$6,749.00	\$6,749.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01384 Computer parts	\$7,730.00	\$7,730.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01346 Computer Parts - NETAPP	\$16,233.08	\$16,233.08	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01515 Computer Parts - New Evangelization	\$2,517.06	\$2,517.06	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01516 Computer Parts - Nora Jean	\$1,191.37	\$1,191.37	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01510 Computer Parts - Various Departments (See Information Tab)	\$5,389.89	\$5,389.89	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01357 Computer Parts and Installation	\$6,547.00	\$6,547.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01517 Computer Parts -Debbie Ventura	\$839.70	\$839.70	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00854 Computer Scanner	\$615.00	\$615.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00701 Computer Software	\$7,547.50	\$7,547.50	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00746 Computer Software	\$160.00	\$160.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00804 Computer Software	\$4,480.65	\$4,480.65	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00811 Computer Software	\$563.00	\$563.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01120 Computer software	\$1,619.00	\$1,619.00	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre, New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 41:** Office equipment, including all computer equipment and communication systems equipment and software

<b>General description</b>	<b>Basis</b>	<b>Depreciation</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-01121 Computer software	\$3,388.80	\$3,388.80	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01122 Computer software	\$13,599.79	\$13,599.79	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00689 Computer System	\$2,545.00	\$2,545.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00680 Computer Upgrade	\$12,693.50	\$12,693.50	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00819 Computer, Printer & Access	\$3,890.58	\$3,890.58	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01043 Computer, Upgrade, Printer	\$2,421.00	\$2,421.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01041 Computer, Wiring, Projectors	\$5,064.47	\$5,064.47	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01044 Computer, Y2K Testing, Server Upgrd	\$4,112.25	\$4,112.25	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01045 Computer, Y2K Testing, Server Upgrd	\$18,169.72	\$18,169.72	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00973 Computer/Fax/Printer	\$7,193.00	\$7,193.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00990 Computer/Hardware	\$7,148.00	\$7,148.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01003 Computer/Hardware/Phone System	\$4,780.42	\$4,780.42	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00992 Computer/Printer/Copier/Office Furn	\$14,986.66	\$14,986.66	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00987 Computer/Printer/Phone System	\$6,696.50	\$6,696.50	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00605 Computers	\$7,519.99	\$7,519.99	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00748 Computers	\$7,929.37	\$7,929.37	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00763 Computers	\$7,235.68	\$7,235.68	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00776 Computers	\$15,886.00	\$15,886.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00810 Computers	\$4,298.00	\$4,298.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00812 Computers	\$3,799.00	\$3,799.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00823 Computers	\$3,498.00	\$3,498.00	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre, New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 41:** Office equipment, including all computer equipment and communication systems equipment and software

<b>General description</b>	<b>Basis</b>	<b>Depreciation</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-00826 Computers	\$15,438.69	\$15,438.69	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00851 Computers	\$7,726.00	\$7,726.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00859 Computers	\$3,186.00	\$3,186.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00868 Computers	\$7,399.00	\$7,399.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00922 Computers	\$4,149.15	\$4,149.15	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00925 Computers	\$2,633.00	\$2,633.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00933 Computers	\$7,837.17	\$7,837.17	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00942 Computers	\$5,624.00	\$5,624.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00950 Computers	\$3,773.00	\$3,773.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00958 Computers	\$6,049.00	\$6,049.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00965 Computers	\$4,377.00	\$4,377.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01029 Computers	\$8,839.95	\$8,839.95	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01040 Computers	\$5,208.75	\$5,208.75	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01368 Computers	\$5,143.25	\$5,143.25	\$0.00	Net Book Value	\$0.00
Asset ID: coa-01369 Computers - Shipping Costs	\$91.06	\$91.06	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00806 Computers & Install	\$8,811.87	\$8,811.87	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01033 Computers & NT Server	\$17,617.83	\$17,617.83	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01023 Computers & Printer	\$11,720.81	\$11,720.81	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00789 Computers & Printers	\$8,736.91	\$8,736.91	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00816 Computers & Printers	\$7,709.00	\$7,709.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01030 Computers & Printers	\$3,345.55	\$3,345.55	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01038 Computers & Printers	\$5,885.00	\$5,885.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00699 Computers (2)	\$5,095.00	\$5,095.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01036 Computers, Scanner	\$1,880.66	\$1,880.66	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre, New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 41:** Office equipment, including all computer equipment and communication systems equipment and software

<b>General description</b>	<b>Basis</b>	<b>Depreciation</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-00994 Computers/Hardware	\$8,925.50	\$8,925.50	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00979 Computers/Printer	\$4,220.75	\$4,220.75	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00888 Configure OSAS for Network	\$1,100.00	\$1,100.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01417 Connect DRVC, LIC, and DRVC Roosevelt Server Rooms	\$11,198.00	\$11,198.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01311 Copier	\$9,858.33	\$9,858.33	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00706 Copier	\$11,912.00	\$11,912.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00803 Copier	\$19,745.00	\$19,745.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00840 Copier	\$11,757.00	\$11,757.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00855 Copier	\$5,665.55	\$5,665.55	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00985 Copier	\$1,100.00	\$1,100.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00993 Copier	\$5,632.66	\$5,632.66	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00995 Copier	\$5,632.68	\$5,632.68	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01062 Copier	\$9,045.00	\$9,045.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00980 Copier/Sorter	\$4,767.84	\$4,767.84	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00528 Copy Machine	\$1,128.00	\$1,128.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00529 Copy Machine	\$1,091.00	\$1,091.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00530 Copy Machine	\$1,373.74	\$1,373.74	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00569 Copy Machine	\$1,222.50	\$1,222.50	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00616 Copy Machine	\$5,960.00	\$5,960.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00682 Copy Machine	\$10,866.00	\$10,866.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00711 Copy Machine	\$1,502.25	\$1,502.25	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00972 Copy Machines	\$20,284.00	\$20,284.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00967 Custom Programming	\$29,375.00	\$29,375.00	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre, New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 41:** Office equipment, including all computer equipment and communication systems equipment and software

General description	Basis	Depreciation	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
Asset ID: COA-00766 Custom Software	\$1,710.00	\$1,710.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00730 Custom Software Application	\$3,444.45	\$3,444.45	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00732 Custom Software Application	\$6,887.80	\$6,887.80	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00715 Data Program	\$2,715.00	\$2,715.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01372 Dell Computer Parts	\$7,854.61	\$7,854.61	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01528 Dell PowerEdge	\$7,850.00	\$6,541.80	\$1,308.20	Net Book Value	\$1,308.20
Asset ID: COA-01327 Dell Server	\$9,507.60	\$9,507.60	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01550 Deposit 50 % Pastoral Center Office 365 Migration to Cloud Based Office 365 Services	\$14,590.00	\$2,431.68	\$12,158.32	Net Book Value	\$12,158.32
Asset ID: COA-01549 Deposit 50% - Pastoral Center Phone System Upgrade	\$32,264.50	\$5,377.44	\$26,887.06	Net Book Value	\$26,887.06
Asset ID: COA-01544 Deposit-New SAN Implementation-Network Storage	\$25,392.00	\$12,695.94	\$12,696.06	Net Book Value	\$12,696.06
Asset ID: COA-00536 Dictating Machine	\$133.90	\$133.90	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01529 Disaster recovery site server installation and configuration	\$7,500.00	\$6,249.90	\$1,250.10	Net Book Value	\$1,250.10
Asset ID: COA-00974 Display Case/Modem/Fax Line	\$2,671.06	\$2,671.06	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01119 DLT Library and rack	\$1,210.00	\$1,210.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01328 DROBO 8-Bay SAN for Business	\$5,388.00	\$5,388.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01502 DRVC ASA Firewall Replacement	\$14,220.00	\$14,220.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01507 DRVC ASA Firewall Replacement	\$8,090.00	\$8,090.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01380 DRVC disaster recovery servers at Holy Trinity	\$15,000.00	\$15,000.00	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre, New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 41:** Office equipment, including all computer equipment and communication systems equipment and software

<b>General description</b>	<b>Basis</b>	<b>Depreciation</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-01503 DRVC Server Infrastructure Upgrade	\$23,550.00	\$23,550.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01508 DRVC Server Infrastructure Upgrade	\$14,476.71	\$14,476.71	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01509 DRVC Server Infrastructure Upgrade	\$5,489.12	\$5,489.12	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01514 DRVC Server Infrastructure Upgrade	\$14,378.00	\$14,378.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00658 Duplicating Machine	\$4,561.66	\$4,561.66	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00665 Duplicating Machine	\$4,561.67	\$4,561.67	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00669 Duplicating Machine	\$4,561.67	\$4,561.67	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00977 DWC Wkstr/Office Furn/Phone Syst	\$24,514.04	\$24,514.04	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00975 DWC Workstation/Fax Machine	\$2,266.00	\$2,266.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00545 Edisette Dictator/Transcriber	\$339.00	\$339.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00565 Edisette Recording Unit	\$344.86	\$344.86	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00566 Edisette Recording Unit	\$327.70	\$327.70	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00543 Edisette Transcriber	\$369.00	\$369.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00609 Education	\$3,140.00	\$3,140.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00388 Electric Page Folder	\$283.50	\$283.50	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00961 E-mail Project - Hardware & Software	\$3,786.87	\$3,786.87	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00617 Envelope Feed Cable for Printer	\$1,930.00	\$1,930.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00563 Exposure Control Machine	\$210.00	\$210.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00651 F9 Financial Report & Macola	\$523.00	\$523.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00653 Fax Expenses & Telephone Line	\$279.65	\$279.65	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre, New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 41:** Office equipment, including all computer equipment and communication systems equipment and software

<b>General description</b>	<b>Basis</b>	<b>Depreciation</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-01306 Fax Machine	\$310.98	\$310.98	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00619 Fax Machine	\$995.00	\$995.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00686 Fax Machine	\$2,099.96	\$2,099.96	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00705 Fax Machine	\$9,808.96	\$9,808.96	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00722 Fax Machine	\$694.95	\$694.95	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00747 Fax Machine	\$809.02	\$809.02	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00750 Fax Machine	\$819.99	\$819.99	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00784 Fax Machine	\$399.00	\$399.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00792 Fax Machine	\$399.00	\$399.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00797 Fax Machine	\$769.53	\$769.53	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00808 Fax Machine	\$769.53	\$769.53	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00846 Fax Machine	\$397.00	\$397.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00847 Fax Machine	\$500.00	\$500.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00858 Fax Machine	\$412.00	\$412.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00927 Fax Machine	\$299.99	\$299.99	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00944 Fax Machine	\$650.00	\$650.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00946 Fax Machine	\$699.00	\$699.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00949 Fax Machine	\$699.00	\$699.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00960 Fax Machine	\$3,377.00	\$3,377.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00966 Fax Machine	\$650.00	\$650.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00935 Fax Machine & Fax Modem	\$919.95	\$919.95	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00954 Fax Modem	\$353.00	\$353.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00831 Fax Server	\$4,223.50	\$4,223.50	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00777 Fax Server & Programming	\$22,191.98	\$22,191.98	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre, New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 41:** Office equipment, including all computer equipment and communication systems equipment and software

<b>General description</b>	<b>Basis</b>	<b>Depreciation</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-00656 File Server	\$7,767.00	\$7,767.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00679 File Server	\$8,977.00	\$8,977.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00898 File Server	\$1,055.87	\$1,055.87	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00903 File Server	\$7,984.88	\$7,984.88	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01376 File Server - Roosevelt	\$4,132.00	\$4,132.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00728 File Server Upgrade	\$4,903.00	\$4,903.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01115 File server/SQL server/Library tape	\$30,000.00	\$30,000.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01117 File server/SQL server/Library tape	\$30,000.00	\$30,000.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00814 Folding Machine	\$2,390.00	\$2,390.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01019 Folding Machine	\$1,300.00	\$1,300.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00902 Fox Pro	\$589.00	\$589.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00829 Fund Management Software	\$16,000.00	\$16,000.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00544 Gestetner Duplicating Machine	\$715.50	\$715.50	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00514 Gestetner Folder Machine	\$278.50	\$278.50	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00610 Gestetner Machine	\$1,666.00	\$1,666.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00729 Hard Drive	\$287.67	\$287.67	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00731 Hard Drive	\$1,375.13	\$1,375.13	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00734 Hard Drive	\$575.33	\$575.33	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00767 Hard Drive	\$275.00	\$275.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00800 Hard Drive	\$347.56	\$347.56	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00879 Hard Drive	\$229.99	\$229.99	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00887 Hard Drive	\$229.99	\$229.99	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00921 Hard Drive	\$125.00	\$125.00	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre, New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 41:** Office equipment, including all computer equipment and communication systems equipment and software

<b>General description</b>	<b>Basis</b>	<b>Depreciation</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-00765 Hard Drive & Software	\$359.99	\$359.99	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01101 Hardware	\$5,853.24	\$5,853.24	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00622 HD NO DOS Computer	\$1,776.46	\$1,776.46	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00621 Hewlett Packard Jet III	\$1,630.00	\$1,630.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00647 Hewlett Packard Laser Jet	\$1,599.00	\$1,599.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00637 IBM Computer, Monitor, Cable	\$1,675.35	\$1,675.35	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00571 IBM Dictator & Transcriber	\$560.50	\$560.50	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00506 IBM Executive Electric Typewriter	\$705.00	\$705.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00549 IBM Selectric Typewriter	\$403.00	\$403.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00638 IBM Wheel Writer	\$526.00	\$526.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00696 IBM Wheelwriter & Disk	\$1,629.00	\$1,629.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01349 Implement New NETAPP SAN	\$8,800.00	\$8,800.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00567 Install Telephones	\$2,391.00	\$2,391.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01351 Installation & Configuration - VM Exchange	\$18,796.00	\$18,796.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01424 Installation Video Conferencing Equipment - St John the Baptist and McGann-Mercy	\$17,643.05	\$17,643.05	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01102 Integrate dept onto building network	\$3,300.00	\$3,300.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01103 Integrate dept onto building network	\$4,000.00	\$4,000.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01104 Integrate dept onto building network	\$1,600.00	\$1,600.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01105 Integrate dept onto building network	\$2,885.50	\$2,885.50	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre, New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 41:** Office equipment, including all computer equipment and communication systems equipment and software

General description	Basis	Depreciation	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
Asset ID: COA-01106 Integrate dept onto building network	\$6,769.25	\$6,769.25	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01107 Integrate dept onto building network	\$4,947.75	\$4,947.75	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01109 Integrate dept onto building network	\$7,505.00	\$7,505.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01110 Integrate dept onto building network	\$8,690.00	\$8,690.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01322 Internal Audit Application Web conversion - Parish Financial Database	\$8,910.00	\$8,910.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00956 Internet	\$2,618.00	\$2,618.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01548 IP Camera & Labor	\$2,270.00	\$378.36	\$1,891.64	Net Book Value	\$1,891.64
Asset ID: COA-01353 IT Access Control Changes	\$2,750.00	\$2,750.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01352 IT server access control upgrade	\$768.00	\$768.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01355 IT server control upgrade	\$685.50	\$685.50	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01410 IT Server Room - Cisco Universal Spare Switch	\$9,577.00	\$9,577.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01390 IT Server Room - Computer Parts	\$1,165.00	\$1,165.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01388 IT Server Room - Equipment & Installation	\$3,125.00	\$3,125.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01402 IT Server Room - Furnish & Install 3 Ton Mitsubishi Mini Split System	\$8,095.00	\$8,095.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01403 IT Server Room - Install 3rd Floor Roof Unit	\$434.00	\$434.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01404 IT Server Room - Run wire to power new server room mini splits	\$750.00	\$750.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01389 IT Server Room - Smart UPS (10x)	\$14,450.00	\$14,450.00	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre, New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 41:** Office equipment, including all computer equipment and communication systems equipment and software

<b>General description</b>	<b>Basis</b>	<b>Depreciation</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-01358 IT Server Room Project - Labor & Parts	\$9,637.50	\$9,637.50	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00774 Laptop Computer	\$3,068.08	\$3,068.08	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00780 Laptop Computer	\$2,599.00	\$2,599.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00821 Laptop Computer	\$3,110.97	\$3,110.97	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00848 Laptop Computer	\$2,499.97	\$2,499.97	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00862 Laptop Computer & Printer	\$3,440.50	\$3,440.50	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01042 Laptop, Wiring, Software	\$18,586.97	\$18,586.97	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01123 Laptops	\$14,800.00	\$14,800.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01360 Laptops (7) Desktops (3)	\$9,215.82	\$9,215.82	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00891 Laser Fax	\$914.26	\$914.26	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00627 Laser II Printer	\$1,013.79	\$1,013.79	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00624 Laser Jet Computer	\$2,172.00	\$2,172.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00631 Laser Jet III & Cable	\$1,668.99	\$1,668.99	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00636 Laser Jet Printer	\$1,455.35	\$1,455.35	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00749 Laser Jet Printer	\$3,075.00	\$3,075.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01302 Laser Printer	\$706.00	\$706.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00663 Laser Printer	\$1,631.25	\$1,631.25	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00667 Laser Printer	\$1,760.46	\$1,760.46	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00674 Laser Printer	\$1,631.25	\$1,631.25	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00675 Laser Printer	\$1,472.00	\$1,472.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00677 Laser Printer	\$587.50	\$587.50	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00707 Laser Printer	\$706.00	\$706.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00713 Laser Printer	\$1,036.00	\$1,036.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00716 Laser Printer	\$1,036.00	\$1,036.00	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre, New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 41:** Office equipment, including all computer equipment and communication systems equipment and software

<b>General description</b>	<b>Basis</b>	<b>Depreciation</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-00739 Laser Printer	\$587.50	\$587.50	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00740 Laser Printer	\$537.50	\$537.50	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00743 Laser Printer	\$537.50	\$537.50	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00760 Laser Printer	\$537.50	\$537.50	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00923 Laser Printer	\$1,672.00	\$1,672.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00937 Laser Printer	\$424.00	\$424.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00752 Laser Printers	\$1,162.50	\$1,162.50	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00753 Laser Printers	\$1,662.50	\$1,662.50	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00758 Laser Printers	\$1,662.50	\$1,662.50	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00948 Laser Printers	\$1,308.36	\$1,308.36	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00534 Lens Kit	\$120.55	\$120.55	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00884 Loan Software	\$2,000.00	\$2,000.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00615 Mail Sorter	\$2,353.61	\$2,353.61	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00681 Mailing Machine	\$16,035.00	\$16,035.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01506 Massapequa Server Replacement	\$5,966.99	\$5,966.99	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01501 Massapequa Server Replacement - Power Edge R530	\$4,200.00	\$4,200.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00873 Media Video Duplicator	\$1,560.98	\$1,560.98	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00759 Memory Module & Disk Drive	\$405.00	\$405.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00595 Memory Writer	\$2,192.00	\$2,192.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00654 Metal Pins for Blue Print	\$1,290.60	\$1,290.60	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00511 Micromatic Projector	\$222.60	\$222.60	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00924 Microtranscriber	\$220.43	\$220.43	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre, New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 41:** Office equipment, including all computer equipment and communication systems equipment and software

General description	Basis	Depreciation	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
Asset ID: COA-00204 Mimeograph & Copy Machines	\$658.69	\$658.69	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00205 Mimeograph & Copy Machines	\$2,295.00	\$2,295.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00206 Mimeograph & Copy Machines	\$102.89	\$102.89	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00207 Mimeograph & Copy Machines	\$1,349.81	\$1,349.81	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00208 Mimeograph & Copy Machines	\$3,040.00	\$3,040.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00690 Mita Copier	\$800.00	\$800.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01027 Modem	\$82.00	\$82.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00735 Modem & Software	\$517.00	\$517.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01021 Modem, Y2K Compliance	\$737.75	\$737.75	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00929 Monitor	\$325.00	\$325.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00606 Monitors	\$667.50	\$667.50	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00712 Motherboard & Monitor	\$699.96	\$699.96	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00500 Motormatic Reader	\$1,610.00	\$1,610.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01378 Mountable UPS - Roosevelt	\$1,149.00	\$1,149.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01531 NETAPP- Support Edge Premium	\$8,320.62	\$6,933.90	\$1,386.72	Net Book Value	\$1,386.72
Asset ID: COA-01005 Netwk/Programg/Comp Hdware/Tele	\$22,720.80	\$22,720.80	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00613 Network	\$5,700.00	\$5,700.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00984 Network	\$745.50	\$745.50	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00914 Network & Software	\$54,125.90	\$54,125.90	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00890 Network Cable Project	\$1,775.49	\$1,775.49	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00844 Network Cabling	\$250.00	\$250.00	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre, New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 41:** Office equipment, including all computer equipment and communication systems equipment and software

<b>General description</b>	<b>Basis</b>	<b>Depreciation</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-00905 Network Cabling	\$10,261.14	\$10,261.14	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01331 Network Computer Equipment	\$32,080.00	\$32,080.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01336 Network VM Ware	\$8,000.00	\$8,000.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00832 Network Wiring	\$17,493.54	\$17,493.54	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00835 Network Wiring	\$3,454.00	\$3,454.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00978 Network/Computer/Fax	\$6,656.94	\$6,656.94	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00618 Networking & Installation	\$7,720.00	\$7,720.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01348 New Dell Computers	\$14,191.40	\$14,191.40	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01535 New Firewall for Disaster Recovery Site	\$4,190.50	\$2,095.20	\$2,095.30	Net Book Value	\$2,095.30
Asset ID: COA-01329 New Server	\$27,547.00	\$27,547.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01114 New server with rack	\$13,500.00	\$13,500.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01116 New server with rack	\$21,500.00	\$21,500.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01118 New server with rack	\$20,000.00	\$20,000.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01371 New Systems - Tribunal	\$5,224.85	\$5,224.85	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01326 New Telephone System	\$41,596.68	\$41,596.68	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00652 One Pocket Adapter	\$489.00	\$489.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00957 OSAS Upgrade & Modifications	\$6,955.00	\$6,955.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00243 Overhead Projector	\$398.00	\$398.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00535 Panasonic Recorder	\$129.15	\$129.15	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01493 Pastoral Center - Door Access System - 1st Pmt	\$4,000.00	\$4,000.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01505 Pastoral Center - Door Access System - Final Pmt	\$7,950.00	\$7,950.00	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre, New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 41:** Office equipment, including all computer equipment and communication systems equipment and software

General description	Basis	Depreciation	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
Asset ID: COA-01497 Pastoral Center Badge System - Security Camera	\$649.96	\$649.96	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01520 Pastoral Center Netapps Support	\$8,797.10	\$7,330.80	\$1,466.30	Net Book Value	\$1,466.30
Asset ID: COA-01546 Pastoral Center New SAN Implementation	\$25,392.00	\$4,231.98	\$21,160.02	Net Book Value	\$21,160.02
Asset ID: COA-01494 Pastoral Center Printer System - New Badges 1st Pmt	\$7,510.00	\$7,510.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00839 Phone & Fax Wiring	\$2,574.00	\$2,574.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00532 Phone Recorder	\$112.59	\$112.59	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00931 Phone System	\$2,912.50	\$2,912.50	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00547 Phone System Improvements	\$2,486.00	\$2,486.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00650 Pocket Modem	\$116.00	\$116.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00505 Portable Typewriter	\$104.58	\$104.58	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01053 Postage meter	\$26,261.40	\$26,261.40	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00969 Power Pack	\$914.00	\$914.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00607 Printer	\$1,829.61	\$1,829.61	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00662 Printer	\$13,423.00	\$13,423.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00762 Printer	\$400.00	\$400.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00764 Printer	\$1,550.00	\$1,550.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00772 Printer	\$504.00	\$504.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00781 Printer	\$504.00	\$504.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00793 Printer	\$3,708.17	\$3,708.17	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00818 Printer	\$504.00	\$504.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00824 Printer	\$1,984.72	\$1,984.72	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00827 Printer	\$405.00	\$405.00	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre, New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 41:** Office equipment, including all computer equipment and communication systems equipment and software

<b>General description</b>	<b>Basis</b>	<b>Depreciation</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-00838 Printer	\$470.00	\$470.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00841 Printer	\$4,000.00	\$4,000.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00928 Printer	\$2,125.00	\$2,125.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00934 Printer	\$1,199.00	\$1,199.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00940 Printer	\$502.00	\$502.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00941 Printer	\$450.00	\$450.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00955 Printer	\$439.00	\$439.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01037 Printer	\$459.00	\$459.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01125 Printer	\$8,060.00	\$8,060.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00633 Printer & Attachments	\$1,251.61	\$1,251.61	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00733 Printer & Programming	\$14,841.75	\$14,841.75	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01034 Printer, Computer, Modem & Lines	\$3,290.82	\$3,290.82	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00837 Printer/Driver Program	\$165.55	\$165.55	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00809 Printers	\$2,456.00	\$2,456.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00850 Printers	\$7,231.00	\$7,231.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00951 Printers	\$424.00	\$424.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00830 Printers & Computer	\$12,890.00	\$12,890.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01024 Printers & Computer Projector	\$5,949.90	\$5,949.90	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01039 Printers & Computers	\$19,893.34	\$19,893.34	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01551 Professional Services & Handset Cradle to Install New Front Desk Phone System	\$1,486.94	\$247.80	\$1,239.14	Net Book Value	\$1,239.14
Asset ID: COA-01111 Programming	\$11,899.00	\$11,899.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01112 Programming	\$15,770.01	\$15,770.01	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre, New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 41:** Office equipment, including all computer equipment and communication systems equipment and software

<b>General description</b>	<b>Basis</b>	<b>Depreciation</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-00932 Project Manager Software	\$2,326.00	\$2,326.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00233 RCA Color TV & Antenna	\$639.45	\$639.45	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00288 RCA Victor Television	\$160.91	\$160.91	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00503 Reader Filler	\$1,350.00	\$1,350.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00502 Rec Printer Base Model B	\$450.00	\$450.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00501 Rec Printer Moder Erg	\$1,100.00	\$1,100.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00499 Reliant Feeder Model	\$650.00	\$650.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00498 Reliant Microfilm Unit	\$1,150.00	\$1,150.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00497 Reliant Microfilmer	\$3,075.00	\$3,075.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01014 Removal, Water Pump, Phone Wiring	\$18,967.25	\$18,967.25	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01524 Replacement VRLA Sealed Lead Acid Batteries	\$5,919.48	\$4,932.90	\$986.58	Net Book Value	\$986.58
Asset ID: COA-01354 Safeguard Security Systems	\$1,500.00	\$1,500.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01318 SAGE MIP Data Consolidation Module and modification of segment codes	\$9,400.00	\$9,400.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01332 SAN and VMWARE Upgrade	\$4,800.00	\$4,800.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00791 ScanJet	\$965.00	\$965.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00962 Scanner	\$370.00	\$370.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01025 Scanner & Digital Camera	\$1,198.00	\$1,198.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01534 Server & SAN Switching	\$31,218.00	\$15,609.06	\$15,608.94	Net Book Value	\$15,608.94
Asset ID: COA-01338 Server Consolidation Project	\$16,100.00	\$16,100.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01527 Server Infrastructure Upgrade	\$15,000.00	\$12,500.10	\$2,499.90	Net Book Value	\$2,499.90

Debtor Name: The Roman Catholic Diocese of Rockville Centre, New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 41:** Office equipment, including all computer equipment and communication systems equipment and software

<b>General description</b>	<b>Basis</b>	<b>Depreciation</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-00845 Shelving	\$29,060.20	\$29,060.20	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00825 Software	\$495.00	\$495.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00896 Software	\$96.25	\$96.25	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00900 Software	\$288.75	\$288.75	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00971 Software	\$354.45	\$354.45	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00726 Software - A/R Program & OSAS	\$1,747.50	\$1,747.50	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01344 Software Licenses	\$12,940.00	\$12,940.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00573 Sony Cassette Recorder	\$117.84	\$117.84	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00253 Sony Tape Recorder	\$85.20	\$85.20	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00548 Special Hearing Aid Phone	\$110.00	\$110.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01098 Special Project	\$5,000.00	\$5,000.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01108 Special Project	\$2,800.00	\$2,800.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01554 St Pius Residence Apt #264, 261, 273 setups	\$6,900.45	\$1,150.08	\$5,750.37	Net Book Value	\$5,750.37
Asset ID: COA-00546 Stencil Cutter	\$1,342.85	\$1,342.85	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00425 Stenocord Dictating Machine	\$200.00	\$200.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00512 Stenocord Dictator/Transcriber	\$333.90	\$333.90	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00427 Stenocord Portable Dictating Mach	\$291.50	\$291.50	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00510 Stenocord Portable w/ Transcriber	\$575.70	\$575.70	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01340 Storage Area Network Upgrades	\$72,652.94	\$72,652.94	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00881 System Upgrade	\$13,786.00	\$13,786.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00882 Tape Back-up	\$240.00	\$240.00	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre, New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 41:** Office equipment, including all computer equipment and communication systems equipment and software

<b>General description</b>	<b>Basis</b>	<b>Depreciation</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-00723 Tape Backup & Installation	\$5,237.00	\$5,237.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00234 Tape Rec, Turntable, Amplifier	\$1,185.00	\$1,185.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00533 Tape Recorder	\$131.00	\$131.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00641 Telephone Equipment	\$2,037.20	\$2,037.20	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00531 Telephone System	\$103,713.00	\$103,713.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00794 Telephone System	\$2,822.69	\$2,822.69	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00802 Telephone System	\$6,231.29	\$6,231.29	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01007 Telephone System	\$1,241.37	\$1,241.37	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01309 Telephone System Install	\$1,375.00	\$1,375.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00257 Telephone Table	\$74.80	\$74.80	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00864 Telephones	\$1,140.00	\$1,140.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00908 Telephones for Elevators	\$1,032.00	\$1,032.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00626 Telex Copyette	\$837.00	\$837.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00568 Transcriber	\$370.65	\$370.65	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00602 Transcriber	\$629.00	\$629.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00867 TV & VCR	\$660.00	\$660.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01301 Typewriter	\$94.00	\$94.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00165 Typewriter	\$490.00	\$490.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00166 Typewriter	\$490.00	\$490.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00167 Typewriter	\$490.00	\$490.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00168 Typewriter	\$394.40	\$394.40	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00169 Typewriter	\$490.00	\$490.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00170 Typewriter	\$307.00	\$307.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00171 Typewriter	\$150.00	\$150.00	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre, New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 41:** Office equipment, including all computer equipment and communication systems equipment and software

<b>General description</b>	<b>Basis</b>	<b>Depreciation</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-00172 Typewriter	\$150.00	\$150.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00173 Typewriter	\$150.00	\$150.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00174 Typewriter	\$520.00	\$520.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00180 Typewriter	\$558.00	\$558.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00181 Typewriter	\$307.00	\$307.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00182 Typewriter	\$490.00	\$490.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00184 Typewriter	\$394.40	\$394.40	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00186 Typewriter	\$490.00	\$490.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00187 Typewriter	\$1,851.90	\$1,851.90	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00188 Typewriter	\$365.00	\$365.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00189 Typewriter	\$490.00	\$490.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00190 Typewriter	\$490.00	\$490.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00191 Typewriter	\$50.00	\$50.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00192 Typewriter	\$510.00	\$510.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00193 Typewriter	\$538.00	\$538.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00194 Typewriter	\$290.00	\$290.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00526 Typewriter	\$380.00	\$380.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00560 Typewriter	\$560.00	\$560.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00561 Typewriter	\$640.00	\$640.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00562 Typewriter	\$124.35	\$124.35	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00612 Typewriter	\$500.00	\$500.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00639 Typewriter	\$469.00	\$469.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00670 Typewriter	\$1,641.90	\$1,641.90	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00676 Typewriter	\$1,226.10	\$1,226.10	\$0.00	Net Book Value	\$0.00

Debtor Name: The Roman Catholic Diocese of Rockville Centre, New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 7, Question 41:** Office equipment, including all computer equipment and communication systems equipment and software

<b>General description</b>	<b>Basis</b>	<b>Depreciation</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: COA-00691 Typewriter	\$909.00	\$909.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00559 Typewriters	\$825.00	\$825.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00496 Unit Record Adapter	\$165.00	\$165.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01076 Upgraded sound system in St. Agnes	\$19,117.98	\$19,117.98	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01398 UPS Communication Parts	\$5,553.00	\$5,553.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01383 Video Conferencing Equipment - Education Dept	\$19,643.06	\$19,643.06	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01547 Video Recorder with Hard Drive, Labor	\$3,140.80	\$523.44	\$2,617.36	Net Book Value	\$2,617.36
Asset ID: COA-01330 VM Ware Licensing	\$6,738.00	\$6,738.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01334 VMWARE Project	\$8,000.00	\$8,000.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01335 VMWARE Project	\$4,000.00	\$4,000.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01333 VMWARE Upgrade - License Upgrades	\$7,894.67	\$7,894.67	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00986 Voice Mail System	\$5,335.00	\$5,335.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01399 V-Ray - Extra licenses - Backup Project	\$1,390.00	\$1,390.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01491 Western Vicariate - Computer Equipment	\$7,599.00	\$7,599.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01472 Western Vicariate Office - Security Equipment	\$3,725.00	\$3,725.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01487 Western Vicariate Office - Security Equipment	\$7,750.00	\$7,750.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01397 WI-FI Cable Installantion - 4th Floor	\$7,030.50	\$7,030.50	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01504 Windows Licenses	\$10,647.36	\$10,647.36	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01337 Wireless Access	\$8,449.94	\$8,449.94	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01545 Wireless Expansion to Basement	\$4,105.50	\$2,052.72	\$2,052.78	Net Book Value	\$2,052.78

Debtor Name: The Roman Catholic Diocese of Rockville Centre, New York Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property**

**Part 7, Question 41:** Office equipment, including all computer equipment and communication systems equipment and software

General description	Basis	Depreciation	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
Asset ID: COA-01379 Wireless Installation	\$14,210.00	\$14,210.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01046 Wiring, Phone for Bishop's Office	\$8,261.55	\$8,261.55	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00899 Workstation	\$5,938.19	\$5,938.19	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00672 Xerox Copy Machine	\$1,500.00	\$1,500.00	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00852 Xerox Machine	\$8,202.00	\$8,202.00	\$0.00	Net Book Value	\$0.00
				TOTAL	\$201,029.92

Debtor Name: The Roman Catholic Diocese of Rockville Centre,  
New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 8, Question 47:** Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

<b>General description</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Asset ID: coa-01323 2009 Nissan Altima	\$0.00	Net Book Value	\$0.00
Asset ID: coa-01324 2010 Nissan Altima	\$0.00	Net Book Value	\$0.00
Asset ID: coa-01325 2010 Nissan Altima	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01341 2010 Nissan Altima	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01342 2010 Nissan Altima	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01370 2011 Nissan Altima	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01339 2013 Ford Truck - Econoline Van	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01449R 2013 Kia Optima - Loaner Car	\$1,445.78	Net Book Value	\$1,445.78
Asset ID: COA-01498 2014 Nissan Altima	\$5,049.81	Net Book Value	\$5,049.81
Asset ID: COA-01499 2014 Nissan Altima	\$5,049.81	Net Book Value	\$5,049.81
Asset ID: COA-01500 2014 Nissan Altima	\$5,420.14	Net Book Value	\$5,420.14
Asset ID: COA-00657 Automobile	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00976 Automobile	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01304 Car for Backus	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01307 Car for Bro Moylan	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01299 Chevrolet Automobile - SR V Water	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01017 Equipment Rental & Auto	\$0.00	Net Book Value	\$0.00
Asset ID: COA-00709 Ford for Blyskal	\$0.00	Net Book Value	\$0.00
Asset ID: COA-01009 Reimburse for Comp, Autosign Mach	\$0.00	Net Book Value	\$0.00
		<b>TOTAL</b>	<b>\$16,965.54</b>

Debtor Name: The Roman Catholic Diocese of Rockville Centre, New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 9, Question 55:** Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property	Nature and extent of debtor's interest	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
Building: 1200 Glenn Curtiss Blvd Uniondale, NY 11553	Owned Property	\$0.00	Net Book Value	\$0.00
Building Improvement: 1200 Glenn Curtiss Blvd Uniondale, NY 11553	Owned Property	\$0.00	Net Book Value	\$0.00
Land: 1200 Glenn Curtiss Blvd Uniondale, NY 11553	Owned Property	\$25,681.00	Net Book Value	\$25,681.00
Towers: Uniondale Tower 1200 Glenn Curtis Boulevard Uniondale, New York 11553 Central Islip Tower 115 Wheeler Road Central Islip, NY 11722 Syosset Tower South Woods Road Syosset, NY 11791 Uniondale, NY 11553	Owned Property	\$0.00	Net Book Value	\$0.00
Building Improvement: 29 Quealy Place Rockville Centre, NY 11570	Leased Property	\$16,917.50	Net Book Value	\$16,917.50
Leasehold Improvements: 29 Quealy Place Rockville Centre, NY 11570	Leased Property	\$14,889.98	Net Book Value	\$14,889.98
Leasehold Improvements: 42 Bermingham Place Williston Park, NY 11596	Leased Property	\$72,039.06	Net Book Value	\$72,039.06
Building: 50 North Park Avenue Rockville Centre, NY 11570	Owned Property	\$0.00	Net Book Value	\$0.00
Building Improvement: 50 North Park Avenue Rockville Centre, NY 11570	Owned Property	\$898,962.03	Net Book Value	\$898,962.03
Land: 50 North Park Avenue Rockville Centre, NY 11570	Owned Property	\$215,858.79	Net Book Value	\$215,858.79
Real Property: Manorville - 4.00 acre lot District: 200, Section: 461, Block: 1, Lot: 3.3	Owned Property	\$118,937.00	Net Book Value	\$118,937.00
Real Property: Rockville Centre (Clinton Ave) - 0.25 acre lot Section: 38, Block: 157, Lot: 154	Owned Property	\$429,206.99	Net Book Value	\$429,206.99
Real Property: Ronkonkoma (Bellport) - 0.11 acre lot District: 200, Section: 973.80, Block: 8, Lot: 3	Owned Property	\$24,500.00	Net Book Value	\$24,500.00
Real Property: Yaphank (Ridge) - 2.70 acre lot District: 326, Block: 3, Lot: 2	Owned Property	\$275,000.00	Net Book Value	\$275,000.00
			<b>TOTAL</b>	<b>\$2,091,992.35</b>

Debtor Name: The Roman Catholic Diocese of Rockville Centre,  
New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 10, Question 61: Internet domain names and websites**

<b>General description</b>	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
www.amazinmetsanddramaticmissionarygrowth.com			Undetermined
www.bishopbarreslentletter2019.org			Undetermined
www.catholicministriesappeal.org			Undetermined
www.dramaticmissionarygrowth.com			Undetermined
www.drvc.org			Undetermined
www.drvccchildvictimsact.com			Undetermined
www.drvcemployeedirectory.com			Undetermined
www.drvclife.org			Undetermined
www.drvcmulticulturaldiversity.com			Undetermined
www.drvcreorganization.com			Undetermined
www.drvcreorganization.com			Undetermined
www.drvcschools.com			Undetermined
www.drvcvocations.com			Undetermined
www.drvc-worship.org			Undetermined
www.drvcyca.org			Undetermined
www.drvcyouth.org			Undetermined
www.faithformation.drvc.org			Undetermined
www.fatimaletter.com			Undetermined
www.licplus.org			Undetermined
www.longislandpriest.com			Undetermined
www.morningstarinitiative.org			Undetermined
www.myhomeparish.com			Undetermined
www.newmanpastoralleter.com			Undetermined
www.supremegiftletter.com			Undetermined
www.thegreatweek.com			Undetermined
www.vaccinebioethics.com			Undetermined
		<b>TOTAL</b>	<b>\$0.00</b>
			<b>+ undetermined amounts</b>

Debtor Name: The Roman Catholic Diocese of Rockville Centre,  
New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 11, Question 73: Interests in insurance policies or annuities**

Description	Policy type	Policy number	Current value of debtor's interest
AGRICULTURAL INSURANCE COMPANY	Insurance Policy: 09/01/1996 - 09/01/1997	EXC8781239	Undetermined
AIU INSURANCE COMPANY	Insurance Policy: 09/01/1996 - 09/01/1997	BE9320781	Undetermined
AIU INSURANCE COMPANY	Insurance Policy: 09/01/1997 - 09/01/1998	BE9320781	Undetermined
AIU INSURANCE COMPANY	Insurance Policy: 09/01/1998 - 09/01/1999	BE9320781	Undetermined
AIU INSURANCE COMPANY	Insurance Policy: 09/01/1999 - 09/01/2000	BE9320781	Undetermined
AIU INSURANCE COMPANY	Insurance Policy: 09/01/2000 - 09/01/2001	BE9320781	Undetermined
AIU INSURANCE COMPANY	Insurance Policy: 09/01/2001 - 09/01/2002	BE9320781	Undetermined
AIU INSURANCE COMPANY	Insurance Policy: 09/01/2002 - 09/01/2003	BE9320781	Undetermined
ALLIANZ INTERNATIONAL INSURANCE CO. LTD.	Insurance Policy: 10/01/1978 - 10/01/1979	SLC5480	Undetermined
ALLIANZ INTERNATIONAL INSURANCE CO. LTD.	Insurance Policy: 10/01/1979 - 10/01/1980	SLC5658	Undetermined
ALLIANZ INTERNATIONAL INSURANCE CO. LTD.	Insurance Policy: 10/01/1980 - 10/01/1981	SLC5747	Undetermined
ALLIANZ INTERNATIONAL INSURANCE CO. LTD.	Insurance Policy: 10/01/1980 - 10/01/1981	SLC5754	Undetermined
ALLIANZ INTERNATIONAL INSURANCE CO. LTD.	Insurance Policy: 10/01/1981 - 10/01/1982	SLC5895	Undetermined
ALLIANZ INTERNATIONAL INSURANCE CO. LTD.	Insurance Policy: 10/01/1982 - 09/01/1983	SLC6046	Undetermined
ALLIANZ INTERNATIONAL INSURANCE CO. LTD.	Insurance Policy: 09/01/1983 - 09/01/1984	ICO4073	Undetermined
ALLIANZ INTERNATIONAL INSURANCE CO. LTD.	Insurance Policy: 09/01/1984 - 09/01/1985	ICO5133	Undetermined
ALLIANZ INTERNATIONAL INSURANCE CO. LTD.	Insurance Policy: 10/22/1986 - 02/01/1987	ICO5436	Undetermined
ALLIANZ UNDERWRITERS INSURANCE COMPANY	Insurance Policy: 10/15/1985 - 10/22/1986	AXL5206661	Undetermined
ALLIED WORLD NATIONAL ASSURANCE COMPANY	Property Insurance, 04/01/2020 - 04/01/2021	0311-7926-1N	Undetermined
AMERICAN ALTERNATIVE INSURANCE CORPORATION	Insurance Policy: 09/01/2004 - 09/01/2005	01-A2-FF-0000091-00	Undetermined
AMERICAN ZURICH INSURANCE COMPANY	Insurance Policy: 09/01/1996 - 09/01/1997	EUO229737900	Undetermined
AMERICAN ZURICH INSURANCE COMPANY	Insurance Policy: 09/01/1997 - 09/01/1998	EUO229737901	Undetermined
AMERICAN ZURICH INSURANCE COMPANY	Insurance Policy: 09/01/1998 - 09/01/1999	EUO229737902	Undetermined
AMERICAN ZURICH INSURANCE COMPANY	Insurance Policy: 09/01/1999 - 09/01/2000	EUO229737902	Undetermined
AMERICAN ZURICH INSURANCE COMPANY	Insurance Policy: 09/01/2000 - 09/01/2001	EUO229737902	Undetermined

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Description	Policy type	Policy number	Current value of debtor's interest
AMERICAN ZURICH INSURANCE COMPANY	Insurance Policy: 09/01/2001 - 09/01/2002	EUO229737902	Undetermined
AMERICAN ZURICH INSURANCE COMPANY	Insurance Policy: 09/01/2002 - 09/01/2003	EUO229737902	Undetermined
ANCON INS. CO. (UK) LTD.	Insurance Policy: 10/01/1981 - 10/01/1982	SLC5895	Undetermined
ASPEN SPECIALTY INSURANCE COMPANY	Property Insurance, 04/01/2020 - 04/01/2021	PX00G7220	Undetermined
ASSICURAZIONI GENERALI T.S.	Insurance Policy: 10/15/1985 - 10/22/1986	ICO5326	Undetermined
ASSICURAZIONI GENERALI T.S.	Insurance Policy: 10/22/1986 - 02/01/1987	ICO5436	Undetermined
ASSICURAZIONI GENERALI T.S.	Insurance Policy: 02/01/1987 - 09/01/1987	ICO5482	Undetermined
ASSOC INT.	Insurance Policy: 01/18/1978 - 10/01/1978	AEL050530	Undetermined
ATEGRITY SPECIALTY INSURANCE COMPANY	Property Insurance, 04/01/2020 - 04/01/2021	01-B-XP-P00000192-1	Undetermined
AXIS SURPLUS INSURANCE COMPANY	Property Insurance, 04/01/2020 - 04/01/2021	EAF636840-20	Undetermined
BELLEFONTE INSURANCE CO.	Insurance Policy: 10/01/1976 - 10/01/1977	SLC5163	Undetermined
BELLEFONTE INSURANCE CO.	Insurance Policy: 10/01/1977 - 10/01/1978	SLC5163	Undetermined
BELLEFONTE INSURANCE CO.	Insurance Policy: 01/18/1978 - 10/01/1978	SLC5334	Undetermined
BELLEFONTE INSURANCE CO.	Insurance Policy: 10/01/1978 - 10/01/1979	SLC5163	Undetermined
BELLEFONTE INSURANCE CO.	Insurance Policy: 10/01/1978 - 10/01/1979	SLC5334	Undetermined
BELLEFONTE INSURANCE CO.	Insurance Policy: 10/01/1979 - 10/01/1980	SLC5630	Undetermined
BELLEFONTE INSURANCE CO.	Insurance Policy: 10/01/1979 - 10/01/1980	SLC5656	Undetermined
BELLEFONTE INSURANCE CO.	Insurance Policy: 10/01/1979 - 10/01/1980	SLC5658	Undetermined
BELLEFONTE INSURANCE CO.	Insurance Policy: 10/01/1980 - 10/01/1981	SLC5630	Undetermined
BELLEFONTE INSURANCE CO.	Insurance Policy: 10/01/1980 - 10/01/1981	SLC5656	Undetermined
BELLEFONTE INSURANCE CO.	Insurance Policy: 10/01/1981 - 10/01/1982	SLC5656	Undetermined
BERKLEY INSURANCE COMPANY	Excess DIC Liability Insurance (D&O), 04/17/2020 - 04/17/2021	BPRO8057631	Undetermined
BERKLEY NATIONAL INSURANCE COMPANY	Excess Liability, 11/01/2019 - 11/01/2020	CUX09600545-06	Undetermined
BRITISH NATIONAL INSURANCE CO. LTD.	Insurance Policy: 10/01/1982 - 09/01/1983	SLC6046	Undetermined
BRITISH NATIONAL INSURANCE CO. LTD.	Insurance Policy: 09/01/1983 - 09/01/1984	ICO4073	Undetermined

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Description	Policy type	Policy number	Current value of debtor's interest
BRITISH NATIONAL INSURANCE CO. LTD.	Insurance Policy: 09/01/1984 - 09/01/1985	ICO5133	Undetermined
BRITISH NATIONAL LIFE INS. SOCIETY LTD.	Insurance Policy: 10/01/1981 - 10/01/1982	SLC5895	Undetermined
CNA REINSURANCE OF LONDON LTD.	Insurance Policy: 10/01/1978 - 10/01/1979	SLC5462	Undetermined
CNA REINSURANCE OF LONDON LTD.	Insurance Policy: 10/01/1978 - 10/01/1979	SLC5469	Undetermined
CNA REINSURANCE OF LONDON LTD.	Insurance Policy: 10/01/1979 - 10/01/1980	SLC5657	Undetermined
CNA REINSURANCE OF LONDON LTD.	Insurance Policy: 10/01/1979 - 10/01/1980	SLC5658	Undetermined
CNA REINSURANCE OF LONDON LTD.	Insurance Policy: 10/01/1980 - 10/01/1981	SLC5746	Undetermined
CNA REINSURANCE OF LONDON LTD.	Insurance Policy: 10/01/1980 - 10/01/1981	SLC5747	Undetermined
CNA REINSURANCE OF LONDON LTD.	Insurance Policy: 10/01/1981 - 10/01/1982	SLC5894	Undetermined
CNA REINSURANCE OF LONDON LTD.	Insurance Policy: 10/01/1981 - 10/01/1982	SLC5895	Undetermined
CNA REINSURANCE OF LONDON LTD.	Insurance Policy: 10/01/1982 - 09/01/1983	SLC6046	Undetermined
CNA REINSURANCE OF LONDON LTD.	Insurance Policy: 09/01/1983 - 09/01/1984	ICO4073	Undetermined
CNA REINSURANCE OF LONDON LTD.	Insurance Policy: 09/01/1983 - 09/01/1984	ICO4082	Undetermined
CNA REINSURANCE OF LONDON LTD.	Insurance Policy: 09/01/1984 - 09/01/1985	ICO4082	Undetermined
CNA REINSURANCE OF LONDON LTD.	Insurance Policy: 09/01/1984 - 09/01/1985	ICO5133	Undetermined
CNA REINSURANCE OF LONDON LTD.	Insurance Policy: 10/15/1985 - 10/22/1986	ICO5326	Undetermined
CNA REINSURANCE OF LONDON LTD.	Insurance Policy: 09/01/1986 - 09/01/1987	ICO5423	Undetermined
CNA REINSURANCE OF LONDON LTD.	Insurance Policy: 10/22/1986 - 02/01/1987	ICO5436	Undetermined
CNA REINSURANCE OF LONDON LTD.	Insurance Policy: 02/01/1987 - 09/01/1987	ICO5482	Undetermined
CNA REINSURANCE OF LONDON LTD.	Insurance Policy: 09/01/1987 - 09/01/1988	ICO5529	Undetermined
CNA REINSURANCE OF LONDON LTD.	Insurance Policy: 09/01/1988 - 09/01/1989	ICO5709	Undetermined
CNA REINSURANCE OF LONDON LTD.	Insurance Policy: 09/01/1989 - 09/01/1990	ICO5940	Undetermined
CNA REINSURANCE OF LONDON LTD.	Insurance Policy: 09/01/1990 - 09/01/1991	ICO6213	Undetermined
CNA REINSURANCE OF LONDON LTD.	Insurance Policy: 09/01/1991 - 09/01/1992	ICO6576	Undetermined
CNA REINSURANCE OF LONDON LTD.	Insurance Policy: 09/01/1992 - 09/01/1993	ICO6944	Undetermined

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Description	Policy type	Policy number	Current value of debtor's interest
C N A REINSURANCE OF LONDON LTD.	Insurance Policy: 09/01/1993 - 09/01/1994	ICO7352	Undetermined
C N A REINSURANCE OF LONDON LTD.	Insurance Policy: 09/01/1994 - 09/01/1995	ICO7635	Undetermined
CENTENNIAL INSURANCE COMPANY	Insurance Policy: 10/01/1976 - 10/01/1977	291-68-71-16	Undetermined
CENTENNIAL INSURANCE COMPANY	Insurance Policy: 10/01/1977 - 10/01/1978	291-68-71-16	Undetermined
CENTENNIAL INSURANCE COMPANY	Insurance Policy: 10/01/1978 - 10/01/1979	291-68-71-16	Undetermined
CENTENNIAL INSURANCE COMPANY	Insurance Policy: 10/01/1979 - 10/01/1980	291-69-65-01	Undetermined
CENTENNIAL INSURANCE COMPANY	Insurance Policy: 10/01/1980 - 10/01/1981	291-69-65-01	Undetermined
CENTENNIAL INSURANCE COMPANY	Insurance Policy: 10/01/1981 - 10/01/1982	291-69-65-01	Undetermined
CENTENNIAL INSURANCE COMPANY	Insurance Policy: 10/01/1982 - 09/01/1983	291-71-14-76	Undetermined
CENTENNIAL INSURANCE COMPANY	Insurance Policy: 09/01/1983 - 09/01/1984	291-71-14-76	Undetermined
CENTENNIAL INSURANCE COMPANY	Insurance Policy: 09/01/1984 - 09/01/1985	291-71-14-76	Undetermined
CENTENNIAL INSURANCE COMPANY	Insurance Policy: 09/01/1985 - 09/01/1986	287-00-36-20	Undetermined
CENTENNIAL INSURANCE COMPANY	Insurance Policy: 09/01/1986 - 09/01/1987	287-01-20-48	Undetermined
CENTENNIAL INSURANCE COMPANY	Insurance Policy: 09/01/1987 - 09/01/1988	287-01-98-45	Undetermined
CENTENNIAL INSURANCE COMPANY	Insurance Policy: 09/01/1988 - 09/01/1989	287-02-09-08	Undetermined
CENTENNIAL INSURANCE COMPANY	Insurance Policy: 09/01/1989 - 09/01/1990	287-02-10-70	Undetermined
CENTENNIAL INSURANCE COMPANY	Insurance Policy: 09/01/1990 - 09/01/1991	287-02-15-84	Undetermined
CENTENNIAL INSURANCE COMPANY	Insurance Policy: 09/01/1991 - 09/01/1992	287-01-25-99	Undetermined
CENTENNIAL INSURANCE COMPANY	Insurance Policy: 09/01/1992 - 09/01/1993	287-01-25-36	Undetermined
CHUBB GROUP OF INSURANCE COMPANIES	Business Travel Accident, 01/01/2009 - 01/01/2022	9907-93-00	Undetermined
COLONIAL PENN INSURANCE COMPANY	Insurance Policy: 09/01/1985 - 09/01/1986	XL150029	Undetermined
COLONIAL PENN INSURANCE COMPANY	Insurance Policy: 09/01/1986 - 02/01/1987	XL150081	Undetermined
COMPAGNIE D'ASSURANCES MARITIMES ET TERRESTRES	Insurance Policy: 10/01/1980 - 10/01/1981	SLC5754	Undetermined
COMPAGNIE D'ASSURANCES MARITIMES ET TERRESTRES	Insurance Policy: 10/01/1981 - 10/01/1982	SLC5895	Undetermined
COMPAGNIE D'ASSURANCES MARITIMES ET TERRESTRES	Insurance Policy: 10/01/1982 - 09/01/1983	SLC6046	Undetermined

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Description	Policy type	Policy number	Current value of debtor's interest
COMPAGNIE D'ASSURANCES MARITIMES ET TERRESTRES	Insurance Policy: 09/01/1983 - 09/01/1984	ICO4073	Undetermined
COMPAGNIE D'ASSURANCES MARITIMES ET TERRESTRES	Insurance Policy: 09/01/1984 - 09/01/1985	ICO5133	Undetermined
CONTINENTAL CASUALTY COMPANY	Insurance Policy: 09/01/1996 - 09/01/1997	GL164336816	Undetermined
CONTINENTAL CASUALTY COMPANY	Insurance Policy: 09/01/1997 - 09/01/1998	GL164336816	Undetermined
CONTINENTAL CASUALTY COMPANY	Insurance Policy: 09/01/1998 - 09/01/1999	GL164336816	Undetermined
CONTINENTAL CASUALTY COMPANY	Insurance Policy: 09/01/1999 - 09/01/2000	GL196005149	Undetermined
CONTINENTAL CASUALTY COMPANY	Insurance Policy: 09/01/2000 - 09/01/2001	GL196005149	Undetermined
CONTINENTAL CASUALTY COMPANY	Insurance Policy: 09/01/2001 - 09/01/2002	GL249174710	Undetermined
CONTINENTAL CASUALTY COMPANY	Insurance Policy: 09/01/2001 - 09/01/2002	GL249174786 (FRONT)	Undetermined
CONTINENTAL CASUALTY COMPANY	Insurance Policy: 09/01/2002 - 09/01/2003	GL249174710	Undetermined
CONTINENTAL CASUALTY COMPANY	Insurance Policy: 09/01/2002 - 09/01/2003	GL249174786 (FRONT)	Undetermined
CONTINENTAL CASUALTY COMPANY	Insurance Policy: 09/01/2003 - 09/01/2004	GL249174710	Undetermined
CONTINENTAL CASUALTY COMPANY	Insurance Policy: 09/01/2003 - 09/01/2004	GL249174786 (FRONT)	Undetermined
CRUM & FORSTER SPECIALTY INSURANCE COMPANY	Property Insurance, 04/01/2020 - 04/01/2021	PPP-910786	Undetermined
DOMINION INSURANCE CO LTD	Insurance Policy: 10/01/1978 - 10/01/1979	SLC5462	Undetermined
DOMINION INSURANCE CO LTD	Insurance Policy: 10/01/1978 - 10/01/1979	SLC5469	Undetermined
DOMINION INSURANCE CO LTD	Insurance Policy: 10/01/1978 - 10/01/1979	SLC5480	Undetermined
DOMINION INSURANCE CO LTD	Insurance Policy: 10/01/1979 - 10/01/1980	SLC5657	Undetermined
DOMINION INSURANCE CO LTD	Insurance Policy: 10/01/1979 - 10/01/1980	SLC5658	Undetermined
DOMINION INSURANCE CO LTD	Insurance Policy: 10/01/1980 - 10/01/1981	SLC5746	Undetermined
DOMINION INSURANCE CO LTD	Insurance Policy: 10/01/1980 - 10/01/1981	SLC5747	Undetermined
DOMINION INSURANCE CO LTD	Insurance Policy: 10/01/1981 - 10/01/1982	SLC5894	Undetermined
DOMINION INSURANCE CO LTD	Insurance Policy: 10/01/1981 - 10/01/1982	SLC5895	Undetermined
DOMINION INSURANCE CO LTD	Insurance Policy: 10/01/1982 - 09/01/1983	SLC6046	Undetermined
DOMINION INSURANCE CO LTD	Insurance Policy: 09/01/1983 - 09/01/1984	ICO4073	Undetermined

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Description	Policy type	Policy number	Current value of debtor's interest
DOMINION INSURANCE CO LTD	Insurance Policy: 09/01/1983 - 09/01/1984	ICO4082	Undetermined
DOMINION INSURANCE CO LTD	Insurance Policy: 09/01/1984 - 09/01/1985	ICO4082	Undetermined
DOMINION INSURANCE CO LTD	Insurance Policy: 09/01/1984 - 09/01/1985	ICO5133	Undetermined
ECCLESIA ASSURANCE COMPANY	Insurance Policy: 09/01/2004 - 09/01/2005	SM-002-2004	Undetermined
ECCLESIA ASSURANCE COMPANY	Insurance Policy: 09/01/2007 - 11/01/2008	EXLIAB-2007-001	Undetermined
ECCLESIA ASSURANCE COMPANY	Insurance Policy: 11/01/2008 - 12/15/2009	EX-LIAB-2008-1	Undetermined
ECCLESIA ASSURANCE COMPANY	Insurance Policy: 11/01/2008 - 12/15/2009	PKG-LIAB-2008-1	Undetermined
ECCLESIA ASSURANCE COMPANY	Insurance Policy: 12/15/2009 - 11/01/2010	EX-LIAB-2009-1	Undetermined
ECCLESIA ASSURANCE COMPANY	Insurance Policy: 12/15/2009 - 11/01/2010	PKG-LIAB-2009-1	Undetermined
ECCLESIA ASSURANCE COMPANY	Insurance Policy: 11/01/2010 - 11/01/2011	EX-LIAB-2010-1	Undetermined
ECCLESIA ASSURANCE COMPANY	Insurance Policy: 11/01/2010 - 11/01/2011	EX-LIAB-2010-2	Undetermined
ECCLESIA ASSURANCE COMPANY	Insurance Policy: 11/01/2010 - 11/01/2011	PKG-LIAB-2010-1	Undetermined
ECCLESIA ASSURANCE COMPANY	Insurance Policy: 11/01/2011 - 11/01/2012	EX-LIAB-2011-1	Undetermined
ECCLESIA ASSURANCE COMPANY	Insurance Policy: 11/01/2011 - 11/01/2012	EX-LIAB-2011-2	Undetermined
ECCLESIA ASSURANCE COMPANY	Insurance Policy: 11/01/2011 - 11/01/2012	PKG-LIAB-2011-1	Undetermined
ECCLESIA ASSURANCE COMPANY	Insurance Policy: 11/01/2012 - 11/01/2013	EX-LIAB-2012-1	Undetermined
ECCLESIA ASSURANCE COMPANY	Insurance Policy: 11/01/2012 - 11/01/2013	EX-LIAB-2012-2	Undetermined
ECCLESIA ASSURANCE COMPANY	Insurance Policy: 11/01/2012 - 11/01/2013	PKG-LIAB-2012-1	Undetermined
ECCLESIA ASSURANCE COMPANY	Insurance Policy: 11/01/2013 - 11/01/2014	EX-LIAB-2013-1	Undetermined
ECCLESIA ASSURANCE COMPANY	Insurance Policy: 11/01/2013 - 11/01/2014	PKG-LIAB-2013-1	Undetermined
ECCLESIA ASSURANCE COMPANY	Insurance Policy: 11/01/2014 - 11/01/2015	EX-LIAB-2014-1	Undetermined
ECCLESIA ASSURANCE COMPANY	Insurance Policy: 11/01/2014 - 11/01/2015	PKG-2014-1	Undetermined
ECCLESIA ASSURANCE COMPANY	Insurance Policy: 11/01/2015 - 11/01/2016	EX-LIAB-2015-1	Undetermined
ECCLESIA ASSURANCE COMPANY	Insurance Policy: 11/01/2015 - 11/01/2016	EX-SA-2015-1	Undetermined
ECCLESIA ASSURANCE COMPANY	Insurance Policy: 11/01/2015 - 11/01/2016	PKG-2015-1	Undetermined

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Description	Policy type	Policy number	Current value of debtor's interest
ECCLESIA ASSURANCE COMPANY	Insurance Policy: 11/01/2016 - 11/01/2017	EX-LIAB-2016-1	Undetermined
ECCLESIA ASSURANCE COMPANY	Insurance Policy: 11/01/2016 - 11/01/2017	EX-SA-2015-1	Undetermined
ECCLESIA ASSURANCE COMPANY	Insurance Policy: 11/01/2016 - 11/01/2017	PKG-2016-1	Undetermined
ECCLESIA ASSURANCE COMPANY	Insurance Policy: 11/01/2017 - 11/01/2018	EX-LIAB-2017-1	Undetermined
ECCLESIA ASSURANCE COMPANY	Insurance Policy: 11/01/2017 - 11/01/2018	EX-SA-2015-1	Undetermined
ECCLESIA ASSURANCE COMPANY	Insurance Policy: 11/01/2017 - 11/01/2018	PKG-2017-1	Undetermined
ECCLESIA ASSURANCE COMPANY	Insurance Policy: 11/01/2018 - 11/01/2019	EX-LIAB-2018-1	Undetermined
ECCLESIA ASSURANCE COMPANY	Insurance Policy: 11/01/2018 - 11/01/2019	EX-SA-2018-1	Undetermined
ECCLESIA ASSURANCE COMPANY	Insurance Policy: 11/01/2018 - 11/01/2019	PKG-2018-1	Undetermined
ECCLESIA ASSURANCE COMPANY	Crime & Liability, 11/01/2019 - 11/01/2020	PKG-2019-1	Undetermined
ECCLESIA ASSURANCE COMPANY	Excess Liability, 11/01/2019 - 11/01/2020	EX-LIAB-2019-1	Undetermined
ECCLESIA ASSURANCE COMPANY	Fiduciary Liability - Retention Reimbursement, 03/01/2020 - 03/01/2021	RR-FIDLIAB-2020-1	Undetermined
ECCLESIA ASSURANCE COMPANY	Flood Insurance, 04/01/2020 - 04/01/2021	PROP-2020-1	Undetermined
ECCLESIA ASSURANCE COMPANY	Property Insurance, 04/01/2020 - 04/01/2021	EX-PROP-2020-1	Undetermined
ENDURANCE AMERICAN INSURANCE COMPANY	Excess Liability, 11/01/2019 - 11/01/2020	EXC30000024304	Undetermined
ENDURANCE AMERICAN SPECIALTY INSURANCE COMPANY	Property Insurance, 04/01/2020 - 04/01/2021	ESP300001621200	Undetermined
EVEREST INDEMNITY INSURANCE COMPANY	Property Insurance, 04/01/2020 - 04/01/2021	CA3P006358-201	Undetermined
EXCESS INSURANCE CO LTD	Insurance Policy: 10/01/1976 - 10/01/1977	SLC5163	Undetermined
EXCESS INSURANCE CO LTD	Insurance Policy: 10/01/1976 - 10/01/1977	SLC5172	Undetermined
EXCESS INSURANCE CO LTD	Insurance Policy: 10/01/1977 - 10/01/1978	SLC5163	Undetermined
EXCESS INSURANCE CO LTD	Insurance Policy: 01/18/1978 - 10/01/1978	SLC5334	Undetermined
EXCESS INSURANCE CO LTD	Insurance Policy: 10/01/1978 - 10/01/1979	SLC5163	Undetermined
EXCESS INSURANCE CO LTD	Insurance Policy: 10/01/1978 - 10/01/1979	SLC5334	Undetermined
EXCESS INSURANCE CO LTD	Insurance Policy: 10/01/1979 - 10/01/1980	SLC5630	Undetermined
EXCESS INSURANCE CO LTD	Insurance Policy: 10/01/1979 - 10/01/1980	SLC5656	Undetermined

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Description	Policy type	Policy number	Current value of debtor's interest
EXCESS INSURANCE CO LTD	Insurance Policy: 10/01/1980 - 10/01/1981	SLC5630	Undetermined
EXCESS INSURANCE CO LTD	Insurance Policy: 10/01/1980 - 10/01/1981	SLC5656	Undetermined
EXCESS INSURANCE CO LTD	Insurance Policy: 10/01/1981 - 10/01/1982	SLC5630	Undetermined
EXCESS INSURANCE CO LTD	Insurance Policy: 10/01/1981 - 10/01/1982	SLC5656	Undetermined
EXCESS INSURANCE CO LTD	Insurance Policy: 10/01/1982 - 09/01/1983	SLC6043	Undetermined
EXCESS INSURANCE CO LTD	Insurance Policy: 09/01/1983 - 09/01/1984	SLC6043	Undetermined
EXCESS INSURANCE CO LTD	Insurance Policy: 09/01/1984 - 09/01/1985	SLC6043	Undetermined
EXCESS INSURANCE CO LTD	Insurance Policy: 09/01/1985 - 09/01/1986	ICO5239	Undetermined
FEDERAL INSURANCE COMPANY	Insurance Policy: 09/01/1988 - 09/01/1989	(89) 7908-93-67	Undetermined
FEDERAL INSURANCE COMPANY	Insurance Policy: 09/01/1989 - 09/01/1990	(90) 7908-93-67	Undetermined
FEDERAL INSURANCE COMPANY	Insurance Policy: 09/01/1990 - 09/01/1991	(91) 7908-93-67	Undetermined
FEDERAL INSURANCE COMPANY	Insurance Policy: 09/01/1991 - 09/01/1992	(92) 7908-93-67	Undetermined
FEDERAL INSURANCE COMPANY	Insurance Policy: 09/01/1992 - 09/01/1993	(93) 7908-93-67	Undetermined
FEDERAL INSURANCE COMPANY	Insurance Policy: 09/01/1993 - 09/01/1994	(94) 7908-93-67	Undetermined
FEDERAL INSURANCE COMPANY	Insurance Policy: 09/01/1994 - 09/01/1995	(95) 7908-93-67	Undetermined
FEDERAL INSURANCE COMPANY	Insurance Policy: 09/01/1995 - 09/01/1996	(96) 7908-93-67	Undetermined
FEDERAL INSURANCE COMPANY	Property Insurance - Equipment Breakdown, 04/01/2020 - 04/01/2021	7644-14-65	Undetermined
FIREMAN'S FUND	Insurance Policy: 10/01/1982 - 09/01/1983	XLX1395363	Undetermined
FIREMAN'S FUND	Insurance Policy: 09/01/1983 - 09/01/1984	XLX1395219	Undetermined
FIREMAN'S FUND INSURANCE COMPANY	Insurance Policy: 09/01/1989 - 09/01/1990	XOM2069324	Undetermined
FIREMAN'S FUND INSURANCE COMPANY	Insurance Policy: 09/01/1990 - 09/01/1991	XOM2069010	Undetermined
FIREMAN'S FUND INSURANCE COMPANY	Insurance Policy: 09/01/1991 - 09/01/1992	XOM2069015	Undetermined
FIREMAN'S FUND INSURANCE COMPANY	Insurance Policy: 09/01/1992 - 09/01/1993	XOM00057352650	Undetermined
FIRST STATE INSURANCE COMPANY	Insurance Policy: 09/01/1989 - 09/01/1990	FL0001055	Undetermined
FOLKSAM INTERNATIONAL INS. CO. (UK) LTD.	Insurance Policy: 10/01/1980 - 10/01/1981	SLC5754	Undetermined

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Description	Policy type	Policy number	Current value of debtor's interest
FOLKSAM INTERNATIONAL INS. CO. (UK) LTD.	Insurance Policy: 10/01/1981 - 10/01/1982	SLC5895	Undetermined
FOLKSAM INTERNATIONAL INS. CO. (UK) LTD.	Insurance Policy: 10/01/1982 - 09/01/1983	SLC6046	Undetermined
FOLKSAM INTERNATIONAL INS. CO. (UK) LTD.	Insurance Policy: 09/01/1983 - 09/01/1984	ICO4073	Undetermined
FOLKSAM INTERNATIONAL INS. CO. (UK) LTD.	Insurance Policy: 09/01/1984 - 09/01/1985	ICO5133	Undetermined
FOLKSAM INTERNATIONAL INS. CO. (UK) LTD.	Insurance Policy: 10/15/1985 - 10/22/1986	ICO5326	Undetermined
GERLING-KONZERN ALLGEMEINE VERSICHERUNGS-AKTIENGESELLSCHAFT	Insurance Policy: 03/09/2000 - 09/01/2000	DL309900	Undetermined
GERLING-KONZERN ALLGEMEINE VERSICHERUNGS-AKTIENGESELLSCHAFT	Insurance Policy: 09/01/2000 - 09/01/2001	509/DL324300	Undetermined
GERLING-KONZERN ALLGEMEINE VERSICHERUNGS-AKTIENGESELLSCHAFT	Insurance Policy: 09/01/2001 - 09/01/2002	509/DL324300	Undetermined
GERLING-KONZERN ALLGEMEINE VERSICHERUNGS-AKTIENGESELLSCHAFT	Insurance Policy: 09/01/2002 - 09/01/2003	509/DL324300	Undetermined
GREAT AMERICAN INSURANCE COMPANY	Crime, 11/01/2019 - 11/01/2020	SAA 5479782 16	Undetermined
GUIDEONE MUTUAL INSURANCE COMPANY	Auto, 09/01/2020 - 09/01/2021	1829-842	Undetermined
HALLMARK SPECIALTY INSURANCE COMPANY	Property Insurance, 04/01/2020 - 04/01/2021	73PRX20A557	Undetermined
HARTFORD CASUALTY INSURANCE COMPANY	Insurance Policy: 09/01/1996 - 09/01/1997	10XSSL4058	Undetermined
HARTFORD CASUALTY INSURANCE COMPANY	Insurance Policy: 09/01/1997 - 09/01/1998	10XSSL4151	Undetermined
HARTFORD CASUALTY INSURANCE COMPANY	Insurance Policy: 09/01/1998 - 09/01/1999	10XSSL4151	Undetermined
HARTFORD CASUALTY INSURANCE COMPANY	Insurance Policy: 09/01/1999 - 09/01/2000	10XSSL4151	Undetermined
HDI SPECIALTY INSURANCE COMPANY	Cyber, 11/01/2019 - 11/01/2020	SCYLD2511920000	Undetermined
HEDDINGTON INSURANCE CO. (UK) LTD.	Insurance Policy: 09/01/1984 - 09/01/1985	ICO5133	Undetermined
HEDDINGTON INSURANCE CO. (UK) LTD.	Insurance Policy: 10/22/1986 - 02/01/1987	ICO5436	Undetermined
ILLINOIS UNION INSURANCE COMPANY	Insurance Policy: 09/01/1994 - 09/01/1995	ECBG18171259	Undetermined
INRONSHORE INDEMNITY, INC.	Excess Fiduciary Liability, 10/31/2019 - 10/31/2020	002235505	Undetermined
INSURANCE COMPANY OF NORTH AMERICA	Insurance Policy: 09/01/1993 - 09/01/1994	XCBG15606861	Undetermined
INTERNATIONAL INSURANCE COMPANY	Insurance Policy: 09/01/1990 - 09/01/1991	5312036088	Undetermined
INTERNATIONAL INSURANCE COMPANY	Insurance Policy: 09/01/1991 - 09/01/1992	53120467743	Undetermined
INTERNATIONAL INSURANCE COMPANY	Insurance Policy: 09/01/1992 - 09/01/1993	5312058354	Undetermined

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Description	Policy type	Policy number	Current value of debtor's interest
INTERSTATE FIRE & CASUALTY COMPANY	Insurance Policy: 10/01/1978 - 10/01/1979	183-152625	Undetermined
INTERSTATE FIRE & CASUALTY COMPANY	Insurance Policy: 10/01/1979 - 10/01/1980	183-152625-1	Undetermined
INTERSTATE FIRE & CASUALTY COMPANY	Insurance Policy: 10/01/1980 - 10/01/1981	183-152625-1	Undetermined
INTERSTATE FIRE & CASUALTY COMPANY	Insurance Policy: 10/01/1981 - 10/01/1982	183-152625-2	Undetermined
INTERSTATE FIRE & CASUALTY COMPANY	Insurance Policy: 10/01/1982 - 09/01/1983	83-0169764	Undetermined
INTERSTATE FIRE & CASUALTY COMPANY	Insurance Policy: 09/01/1983 - 09/01/1984	83-0170072	Undetermined
INTERSTATE FIRE & CASUALTY COMPANY	Insurance Policy: 09/01/1984 - 09/01/1985	83-183-0170072	Undetermined
INTERSTATE FIRE & CASUALTY COMPANY	Insurance Policy: 09/01/1985 - 09/01/1986	83-0172315	Undetermined
INTERSTATE FIRE & CASUALTY COMPANY	Property Insurance, 04/01/2020 - 04/01/2021	USZ000255201	Undetermined
KINSALE INSURANCE COMPANY	Property Insurance, 04/01/2020 - 04/01/2021	0100111470-0	Undetermined
LANDMARK AMERICAN INSURANCE COMPANY	Property Insurance, 04/01/2020 - 04/01/2021	LHD912491	Undetermined
LEXINGTON INSURANCE COMPANY	Insurance Policy: 02/01/1987 - 09/01/1987	5529607	Undetermined
LEXINGTON INSURANCE COMPANY	Insurance Policy: 09/01/1987 - 09/01/1988	5529637	Undetermined
LEXINGTON INSURANCE COMPANY	Insurance Policy: 09/01/1988 - 09/01/1989	5509678	Undetermined
LEXINGTON INSURANCE COMPANY	Insurance Policy: 09/01/1989 - 09/01/1990	5566273	Undetermined
LEXINGTON INSURANCE COMPANY	Insurance Policy: 03/21/1991 - 06/21/1991	8653427	Undetermined
LEXINGTON INSURANCE COMPANY	Insurance Policy: 04/01/1991 - 09/01/1991	8653580	Undetermined
LEXINGTON INSURANCE COMPANY	Insurance Policy: 09/01/1991 - 09/01/1992	8654019	Undetermined
LEXINGTON INSURANCE COMPANY	Insurance Policy: 09/01/1991 - 09/01/1992	8654019	Undetermined
LEXINGTON INSURANCE COMPANY	Insurance Policy: 09/01/1992 - 09/01/1993	8654971	Undetermined
LEXINGTON INSURANCE COMPANY	Insurance Policy: 09/01/1992 - 09/01/1993	8654971	Undetermined
LEXINGTON INSURANCE COMPANY	Insurance Policy: 09/01/1993 - 09/01/1994	8667859	Undetermined
LEXINGTON INSURANCE COMPANY	Insurance Policy: 09/01/1993 - 09/01/1994	8667859	Undetermined
LEXINGTON INSURANCE COMPANY	Insurance Policy: 09/01/1994 - 09/01/1995	8780313	Undetermined
LEXINGTON INSURANCE COMPANY	Insurance Policy: 09/01/1994 - 09/01/1995	8780313	Undetermined

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Description	Policy type	Policy number	Current value of debtor's interest
LEXINGTON INSURANCE COMPANY	Insurance Policy: 09/01/1995 - 09/01/1996	878724	Undetermined
LEXINGTON INSURANCE COMPANY	Insurance Policy: 09/01/1995 - 09/01/1996	878724	Undetermined
LEXINGTON INSURANCE COMPANY	Insurance Policy: 09/01/2005 - 09/01/2006	8851184	Undetermined
LEXINGTON INSURANCE COMPANY	Insurance Policy: 09/01/2006 - 09/01/2007	6684828	Undetermined
LEXINGTON INSURANCE COMPANY	Insurance Policy: 09/01/2007 - 09/01/2008	0506628	Undetermined
LIBERTY SURPLUS INSURANCE CORPORATION	Excess Liability, 11/01/2019 - 11/01/2020	1000320916-02	Undetermined
MARKEL INSURANCE COMPANY	Excess Fiduciary Liability, 10/31/2019 - 10/31/2020	MKLC1MXM000066	Undetermined
MARKEL INSURANCE COMPANY	Excess Fiduciary Liability, 10/31/2019 - 10/31/2020	MKLC1MXM000067	Undetermined
MENTOR INS CO (UK) LTD.	Insurance Policy: 10/01/1976 - 10/01/1977	SLC5172	Undetermined
MENTOR INS CO (UK) LTD.	Insurance Policy: 10/01/1978 - 10/01/1979	SLC5469	Undetermined
MENTOR INS CO (UK) LTD.	Insurance Policy: 10/01/1979 - 10/01/1980	SLC5658	Undetermined
MENTOR INS CO (UK) LTD.	Insurance Policy: 10/01/1980 - 10/01/1981	SLC5747	Undetermined
MENTOR INS CO (UK) LTD.	Insurance Policy: 10/01/1980 - 10/01/1981	SLC5754	Undetermined
MIDLAND INSURANCE COMPANY	Insurance Policy: 10/01/1976 - 10/01/1977	UL388732	Undetermined
MIDLAND INSURANCE COMPANY	Insurance Policy: 01/18/1978 - 10/01/1978	UL390749	Undetermined
NATIONAL CASUALTY COMPANY	Insurance Policy: 09/01/1988 - 09/01/1989	XL006328	Undetermined
NATIONAL CASUALTY COMPANY	Insurance Policy: 09/01/1989 - 09/01/1990	XL006359	Undetermined
NATIONAL CASUALTY COMPANY	Insurance Policy: 09/01/1990 - 09/01/1991	XL000742	Undetermined
NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA	Excess Fiduciary Liability, 10/31/2019 - 10/31/2020	02-340-88-12	Undetermined
NAVIGATORS INSURANCE COMPANY	Excess Liability, 11/01/2019 - 11/01/2020	NY19EXC741046IV	Undetermined
NEW YORK STATE INSURANCE FUND	Workers' Compensation, 01/01/2020 - 01/01/2021	H2179 620-6	Undetermined
NIAGARA FIRE INSURANCE COMPANY	Insurance Policy: 09/01/1989 - 09/01/1990	ERX000280	Undetermined
NIAGARA FIRE INSURANCE COMPANY	Insurance Policy: 09/01/1990 - 09/01/1991	ERX000367	Undetermined
NIAGARA FIRE INSURANCE COMPANY	Insurance Policy: 09/01/1991 - 09/01/1992	HXU001070	Undetermined
NIAGARA FIRE INSURANCE COMPANY	Insurance Policy: 09/01/1992 - 09/01/1993	HXU001228	Undetermined

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Description	Policy type	Policy number	Current value of debtor's interest
NIAGARA FIRE INSURANCE COMPANY	Insurance Policy: 09/01/1993 - 09/01/1994	HXU001287	Undetermined
NORTH ATLANTIC INS CO LTD.	Insurance Policy: 10/01/1976 - 10/01/1977	SLC5172	Undetermined
NORTH ATLANTIC INS CO LTD.	Insurance Policy: 10/01/1978 - 10/01/1979	SLC5469	Undetermined
NORTH ATLANTIC INS CO LTD.	Insurance Policy: 10/01/1979 - 10/01/1980	SLC5658	Undetermined
NORTH ATLANTIC INS CO LTD.	Insurance Policy: 10/01/1980 - 10/01/1981	SLC5747	Undetermined
NORTH ATLANTIC INS CO LTD.	Insurance Policy: 10/01/1980 - 10/01/1981	SLC5754	Undetermined
PHILADELPHIA INDEMNITY INSURANCE COMPANY	Student Access, 08/01/2020 - 08/01/2021	TBD	Undetermined
PHILADELPHIA INDEMNITY INSURANCE COMPANY	Student Access, 08/01/2020 - 08/01/2021	TBD	Undetermined
PINE TOP INS CO LTD	Insurance Policy: 10/01/1977 - 10/01/1978	SLC5163	Undetermined
PINE TOP INS CO LTD	Insurance Policy: 10/01/1978 - 10/01/1979	SLC5163	Undetermined
PINE TOP INS CO LTD	Insurance Policy: 10/01/1979 - 10/01/1980	SLC5630	Undetermined
PROASSURANCE AMERICAN MUTUAL, A RISK RETENTION GROUP	Healthcare Professional Liability, 11/01/2019 - 11/01/2020	MP107680	Undetermined
RELIANCE INSURANCE	Insurance Policy: 09/01/1987 - 09/01/1988	NH1253183	Undetermined
RLI INSURANCE COMPANY	Excess Fiduciary Liability, 10/31/2019 - 10/31/2020	EPG0027859	Undetermined
RLI INSURANCE COMPANY	Fiduciary Liability, 10/31/2019 - 10/31/2020	EPG0027858	Undetermined
RLI INSURANCE COMPANY	Excess DIC Liability Insurance (D&O), 03/01/2020 - 11/01/2020	EPG0028133	Undetermined
ROYAL GLOBE INSURANCE COMPANY	Insurance Policy: 10/01/1972 - 10/01/1973	PLA102188	Undetermined
ROYAL GLOBE INSURANCE COMPANY	Insurance Policy: 10/01/1972 - 10/01/1973	PTG604822	Undetermined
ROYAL GLOBE INSURANCE COMPANY	Insurance Policy: 05/18/1973 - 10/01/1973	PLA102188	Undetermined
ROYAL GLOBE INSURANCE COMPANY	Insurance Policy: 10/01/1973 - 10/01/1974	PLA102553	Undetermined
ROYAL GLOBE INSURANCE COMPANY	Insurance Policy: 10/01/1973 - 10/01/1974	PTG604823	Undetermined
ROYAL GLOBE INSURANCE COMPANY	Insurance Policy: 10/01/1974 - 10/01/1975	PTG604824	Undetermined
ROYAL GLOBE INSURANCE COMPANY	Insurance Policy: 10/01/1974 - 10/01/1975	PTQ302591	Undetermined
ROYAL GLOBE INSURANCE COMPANY	Insurance Policy: 03/01/1975 - 10/01/1975	PTQ302591	Undetermined
ROYAL GLOBE INSURANCE COMPANY	Insurance Policy: 10/01/1975 - 10/01/1976	PTG604825	Undetermined

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Description	Policy type	Policy number	Current value of debtor's interest
ROYAL GLOBE INSURANCE COMPANY	Insurance Policy: 10/01/1975 - 10/01/1976	PTQ306461	Undetermined
ROYAL INDEMNITY COMPANY	Insurance Policy: 10/01/1956 - 10/01/1957	RLG 050000	Undetermined
ROYAL INDEMNITY COMPANY	Insurance Policy: 10/01/1957 - 10/01/1958	RLG 055000	Undetermined
ROYAL INDEMNITY COMPANY	Insurance Policy: 10/01/1958 - 10/01/1959	RLG 059700	Undetermined
ROYAL INDEMNITY COMPANY	Insurance Policy: 10/01/1959 - 10/01/1960	Unknown	Undetermined
ROYAL INDEMNITY COMPANY	Insurance Policy: 10/01/1960 - 10/01/1961	RLG001060	Undetermined
ROYAL INDEMNITY COMPANY	Insurance Policy: 10/01/1961 - 10/01/1962	RLG001061	Undetermined
ROYAL INDEMNITY COMPANY	Insurance Policy: 10/01/1962 - 10/01/1963	RLG001062	Undetermined
ROYAL INDEMNITY COMPANY	Insurance Policy: 10/01/1963 - 10/01/1964	RLG001063	Undetermined
ROYAL INDEMNITY COMPANY	Insurance Policy: 06/04/1964 - 06/04/1965	RLX100035	Undetermined
ROYAL INDEMNITY COMPANY	Insurance Policy: 10/01/1964 - 10/01/1965	RLG001064	Undetermined
ROYAL INDEMNITY COMPANY	Insurance Policy: 06/04/1965 - 06/04/1966	RLX100035	Undetermined
ROYAL INDEMNITY COMPANY	Insurance Policy: 10/01/1965 - 10/01/1966	RLG001065	Undetermined
ROYAL INDEMNITY COMPANY	Insurance Policy: 06/04/1966 - 06/04/1967	RLX100035	Undetermined
ROYAL INDEMNITY COMPANY	Insurance Policy: 10/01/1966 - 10/01/1967	RLG604826	Undetermined
ROYAL INDEMNITY COMPANY	Insurance Policy: 06/04/1967 - 06/04/1968	Excess of RLG604826 and RTG604827	Undetermined
ROYAL INDEMNITY COMPANY	Insurance Policy: 10/01/1967 - 10/01/1968	RTG604827	Undetermined
ROYAL INDEMNITY COMPANY	Insurance Policy: 06/04/1968 - 06/04/1969	Excess of RLG604827 and RTG604828	Undetermined
ROYAL INDEMNITY COMPANY	Insurance Policy: 10/01/1968 - 10/01/1969	RTG604828	Undetermined
ROYAL INDEMNITY COMPANY	Insurance Policy: 06/04/1969 - 06/04/1970	Excess of RLG604828 and RTG604829	Undetermined
ROYAL INDEMNITY COMPANY	Insurance Policy: 10/01/1969 - 10/01/1970	RTG604829	Undetermined
ROYAL INDEMNITY COMPANY	Insurance Policy: 06/04/1970 - 10/01/1971	RLA101501	Undetermined
ROYAL INDEMNITY COMPANY	Insurance Policy: 10/01/1970 - 10/01/1971	RTG604820	Undetermined
ROYAL INDEMNITY COMPANY	Insurance Policy: 10/01/1971 - 10/01/1972	RTG604821	Undetermined
ROYAL INDEMNITY COMPANY	Insurance Policy: 10/01/1971 - 10/02/1972	RLA101877	Undetermined

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Description	Policy type	Policy number	Current value of debtor's interest
ROYAL INDEMNITY COMPANY	Insurance Policy: 09/01/1989 - 09/01/1990	RHA000968	Undetermined
ROYAL INDEMNITY COMPANY	Insurance Policy: 09/01/1990 - 09/01/1991	RHA002373	Undetermined
ROYAL INDEMNITY COMPANY	Insurance Policy: 09/01/1991 - 09/01/1992	RHA003947	Undetermined
ROYAL INDEMNITY COMPANY	Insurance Policy: 09/01/1992 - 09/01/1993	RHA005546	Undetermined
ROYAL INDEMNITY COMPANY	Insurance Policy: 09/01/1993 - 09/01/1994	RHA200318	Undetermined
RSUI INDEMNITY COMPANY	Excess Liability, 11/01/2019 - 11/01/2020	NHA088082	Undetermined
SOVEREIGN	Insurance Policy: 10/01/1978 - 10/01/1979	SLC5480	Undetermined
SOVEREIGN	Insurance Policy: 10/01/1979 - 10/01/1980	SLC5658	Undetermined
SOVEREIGN	Insurance Policy: 10/01/1980 - 10/01/1981	SLC5747	Undetermined
SOVEREIGN	Insurance Policy: 10/01/1980 - 10/01/1981	SLC5754	Undetermined
SOVEREIGN	Insurance Policy: 10/01/1981 - 10/01/1982	SLC5895	Undetermined
SOVEREIGN "C" A/C	Insurance Policy: 10/01/1981 - 10/01/1982	SLC5895	Undetermined
SOVEREIGN H.D.N. A/C	Insurance Policy: 10/01/1982 - 09/01/1983	SLC6046	Undetermined
SOVEREIGN H.D.N. A/C	Insurance Policy: 09/01/1983 - 09/01/1984	ICO4073	Undetermined
SOVEREIGN MARINE & GENERAL INS. CO. LTD.	Insurance Policy: 10/01/1981 - 10/01/1982	SLC5895	Undetermined
SOVEREIGN MARINE & GENERAL INS. CO. LTD.	Insurance Policy: 10/01/1982 - 09/01/1983	SLC6046	Undetermined
SOVEREIGN MARINE & GENERAL INS. CO. LTD.	Insurance Policy: 09/01/1983 - 09/01/1984	ICO4073	Undetermined
SOVEREIGN MARINE & GENERAL INS. CO. LTD.	Insurance Policy: 09/01/1984 - 09/01/1985	ICO5133	Undetermined
SOVEREIGN MARINE & GENERAL INS. CO. LTD.	Insurance Policy: 10/22/1986 - 02/01/1987	ICO5436	Undetermined
SOVEREIGN MARINE & GENERAL INS. CO. LTD. 'C' ACCOUNT	Insurance Policy: 10/01/1982 - 09/01/1983	SLC6046	Undetermined
SOVEREIGN MARINE & GENERAL INS. CO. LTD. 'C' ACCOUNT	Insurance Policy: 09/01/1983 - 09/01/1984	ICO4073	Undetermined
SOVEREIGN MARINE & GENERAL INS. CO. LTD. 'C' ACCOUNT	Insurance Policy: 09/01/1984 - 09/01/1985	ICO5133	Undetermined
SOVEREIGN MARINE & GENERAL INS. CO. LTD. HDN A/C	Insurance Policy: 10/01/1980 - 10/01/1981	SLC5747	Undetermined
SOVEREIGN MARINE & GENERAL INS. CO. LTD. HDN A/C	Insurance Policy: 10/01/1980 - 10/01/1981	SLC5754	Undetermined
SOVEREIGN MARINE & GENERAL INS. CO. LTD. NO. 12 A/C	Insurance Policy: 09/01/1984 - 09/01/1985	ICO5133	Undetermined

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Description	Policy type	Policy number	Current value of debtor's interest
SPHERE DRAKE INSURANCE PLC	Insurance Policy: 09/01/1985 - 09/01/1986	ICO5239	Undetermined
SPHERE DRAKE INSURANCE PLC	Insurance Policy: 09/01/1989 - 09/01/1990	ICO5940	Undetermined
SPHERE DRAKE INSURANCE PLC	Insurance Policy: 09/01/1990 - 09/01/1991	ICO6213	Undetermined
SPHERE DRAKE INSURANCE PLC	Insurance Policy: 09/01/1991 - 09/01/1992	ICO6576	Undetermined
SPHERE DRAKE INSURANCE PLC	Insurance Policy: 09/01/1992 - 09/01/1993	ICO6944	Undetermined
SPHERE DRAKE INSURANCE PLC	Insurance Policy: 09/01/1993 - 09/01/1994	ICO7352	Undetermined
SPHERE DRAKE INSURANCE PLC	Insurance Policy: 09/01/1994 - 09/01/1995	ICO7635	Undetermined
ST. KATHERINE INSURANCE COMPANY LTD	Insurance Policy: 10/01/1981 - 10/01/1982	SLC5895	Undetermined
ST. KATHERINE INSURANCE COMPANY LTD	Insurance Policy: 10/01/1982 - 09/01/1983	SLC6046	Undetermined
ST. KATHERINE INSURANCE COMPANY PLC	Insurance Policy: 09/01/1983 - 09/01/1984	ICO4073	Undetermined
ST. KATHERINE INSURANCE COMPANY PLC	Insurance Policy: 09/01/1984 - 09/01/1985	ICO4082	Undetermined
ST. KATHERINE INSURANCE COMPANY PLC	Insurance Policy: 09/01/1984 - 09/01/1985	ICO5133	Undetermined
ST. KATHERINE INSURANCE COMPANY PLC	Insurance Policy: 10/15/1985 - 10/22/1986	ICO5326	Undetermined
ST. KATHERINE INSURANCE COMPANY PLC	Insurance Policy: 10/22/1986 - 02/01/1987	ICO5436	Undetermined
ST. KATHERINE INSURANCE COMPANY PLC	Insurance Policy: 02/01/1987 - 09/01/1987	ICO5482	Undetermined
ST. PAUL SURPLUS LINES INSURANCE COMPANY	Insurance Policy: 09/01/1986 - 09/01/1987	SUO5500536	Undetermined
ST. PAUL SURPLUS LINES INSURANCE COMPANY	Insurance Policy: 09/01/1987 - 09/01/1988	SUO5500559	Undetermined
STEADFAST INSURANCE COMPANY	Property Insurance, 04/01/2020 - 04/01/2021	CPP 7848018 01	Undetermined
STOREBRAND INSURANCE CO. (UK) LTD.	Insurance Policy: 10/01/1978 - 10/01/1979	SLC5480	Undetermined
STOREBRAND INSURANCE CO. (UK) LTD.	Insurance Policy: 10/01/1979 - 10/01/1980	SLC5658	Undetermined
STOREBRAND INSURANCE CO. (UK) LTD.	Insurance Policy: 10/01/1980 - 10/01/1981	SLC5747	Undetermined
STOREBRAND INSURANCE CO. (UK) LTD.	Insurance Policy: 10/01/1980 - 10/01/1981	SLC5754	Undetermined
STOREBRAND INSURANCE CO. (UK) LTD.	Insurance Policy: 10/01/1981 - 10/01/1982	SLC5895	Undetermined
STOREBRAND INSURANCE CO. (UK) LTD.	Insurance Policy: 10/01/1982 - 09/01/1983	SLC6046	Undetermined
STOREBRAND INSURANCE CO. (UK) LTD.	Insurance Policy: 09/01/1983 - 09/01/1984	ICO4073	Undetermined

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Description	Policy type	Policy number	Current value of debtor's interest
STOREBRAND INSURANCE CO. (UK) LTD.	Insurance Policy: 09/01/1984 - 09/01/1985	ICO5133	Undetermined
STOREBRAND INSURANCE CO. (UK) LTD.	Insurance Policy: 10/22/1986 - 02/01/1987	ICO5436	Undetermined
STRONGHOLD INSURANCE CO LTD	Insurance Policy: 10/01/1976 - 10/01/1977	SLC5172	Undetermined
STRONGHOLD INSURANCE CO LTD	Insurance Policy: 10/01/1978 - 10/01/1979	SLC5462	Undetermined
STRONGHOLD INSURANCE CO LTD	Insurance Policy: 10/01/1978 - 10/01/1979	SLC5469	Undetermined
STRONGHOLD INSURANCE CO LTD	Insurance Policy: 10/01/1978 - 10/01/1979	SLC5480	Undetermined
STRONGHOLD INSURANCE CO LTD	Insurance Policy: 10/01/1979 - 10/01/1980	SLC5657	Undetermined
STRONGHOLD INSURANCE CO LTD	Insurance Policy: 10/01/1979 - 10/01/1980	SLC5658	Undetermined
STRONGHOLD INSURANCE CO LTD	Insurance Policy: 10/01/1980 - 10/01/1981	SLC5746	Undetermined
STRONGHOLD INSURANCE CO LTD	Insurance Policy: 10/01/1980 - 10/01/1981	SLC5747	Undetermined
STRONGHOLD INSURANCE CO LTD	Insurance Policy: 10/01/1980 - 10/01/1981	SLC5754	Undetermined
STRONGHOLD INSURANCE CO LTD	Insurance Policy: 10/01/1981 - 10/01/1982	SLC5894	Undetermined
STRONGHOLD INSURANCE CO LTD	Insurance Policy: 10/01/1981 - 10/01/1982	SLC5895	Undetermined
STRONGHOLD INSURANCE CO LTD	Insurance Policy: 10/01/1982 - 09/01/1983	SLC6046	Undetermined
STRONGHOLD INSURANCE CO LTD	Insurance Policy: 09/01/1983 - 09/01/1984	ICO4073	Undetermined
STRONGHOLD INSURANCE CO LTD	Insurance Policy: 09/01/1984 - 09/01/1985	ICO5133	Undetermined
TAISHO (UK)	Insurance Policy: 10/01/1978 - 10/01/1979	SLC5480	Undetermined
TAISHO (UK)	Insurance Policy: 10/01/1979 - 10/01/1980	SLC5658	Undetermined
TAISHO (UK)	Insurance Policy: 10/01/1980 - 10/01/1981	SLC5747	Undetermined
TAISHO (UK)	Insurance Policy: 10/01/1980 - 10/01/1981	SLC5754	Undetermined
TAISHO (UK)	Insurance Policy: 10/01/1981 - 10/01/1982	SLC5895	Undetermined
TAISHO MARINE & FIRE INS. CO. (UK) LTD.	Insurance Policy: 10/01/1982 - 09/01/1983	SLC6046	Undetermined
TAISHO MARINE & FIRE INS. CO. (UK) LTD.	Insurance Policy: 09/01/1983 - 09/01/1984	ICO4073	Undetermined
TAISHO MARINE & FIRE INS. CO. (UK) LTD.	Insurance Policy: 09/01/1984 - 09/01/1985	ICO5133	Undetermined
TAISHO MARINE & FIRE INS. CO. (UK) LTD.	Insurance Policy: 10/22/1986 - 02/01/1987	ICO5436	Undetermined

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Description	Policy type	Policy number	Current value of debtor's interest
TERRA NOVA INS CO LTD	Insurance Policy: 10/01/1976 - 10/01/1977	SLC5163	Undetermined
TERRA NOVA INS CO LTD	Insurance Policy: 10/01/1977 - 10/01/1978	SLC5163	Undetermined
TERRA NOVA INS CO LTD	Insurance Policy: 10/01/1978 - 10/01/1979	SLC5163	Undetermined
TERRA NOVA INS CO LTD	Insurance Policy: 10/01/1979 - 10/01/1980	SLC5630	Undetermined
TERRA NOVA INS CO LTD	Insurance Policy: 10/01/1979 - 10/01/1980	SLC5658	Undetermined
TERRA NOVA INS CO LTD	Insurance Policy: 10/01/1980 - 10/01/1981	SLC5630	Undetermined
TERRA NOVA INS CO LTD	Insurance Policy: 10/01/1980 - 10/01/1981	SLC5747	Undetermined
TERRA NOVA INS CO LTD	Insurance Policy: 10/01/1980 - 10/01/1981	SLC5754	Undetermined
TERRA NOVA INS CO LTD	Insurance Policy: 10/01/1981 - 10/01/1982	SLC5630	Undetermined
TERRA NOVA INS CO LTD	Insurance Policy: 10/01/1982 - 09/01/1983	SLC6043	Undetermined
TERRA NOVA INS CO LTD	Insurance Policy: 09/01/1983 - 09/01/1984	SLC6043	Undetermined
THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA	Insurance Policy: 09/01/1990 - 09/01/1991	41902428	Undetermined
THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA	Insurance Policy: 09/01/1991 - 09/01/1992	41902446	Undetermined
THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA	Insurance Policy: 09/01/1992 - 09/01/1993	41922458	Undetermined
THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA	Insurance Policy: 09/01/1993 - 09/01/1994	41932470	Undetermined
THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA	Insurance Policy: 09/01/1994 - 09/01/1995	41942494	Undetermined
THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA	Insurance Policy: 09/01/1995 - 09/01/1996	41954418	Undetermined
THE NATIONAL CATHOLIC RISK RETENTION GROUP, INC.	Insurance Policy: 09/01/2004 - 09/01/2005	NM 1065	Undetermined
THE NATIONAL CATHOLIC RISK RETENTION GROUP, INC.	Insurance Policy: 09/01/2004 - 09/01/2005	RRG 1065	Undetermined
THE NATIONAL CATHOLIC RISK RETENTION GROUP, INC.	Insurance Policy: 09/01/2005 - 09/01/2006	NM 1065-01	Undetermined
THE NATIONAL CATHOLIC RISK RETENTION GROUP, INC.	Insurance Policy: 09/01/2005 - 09/01/2006	RRG 1065-01	Undetermined
THE NATIONAL CATHOLIC RISK RETENTION GROUP, INC.	Insurance Policy: 09/01/2006 - 09/01/2007	NM 1065-02	Undetermined
THE NATIONAL CATHOLIC RISK RETENTION GROUP, INC.	Insurance Policy: 09/01/2006 - 09/01/2007	RRG 1065-02	Undetermined
THE NATIONAL CATHOLIC RISK RETENTION GROUP, INC.	Insurance Policy: 09/01/2007 - 11/01/2008	RRG 1065-03	Undetermined
THE NATIONAL CATHOLIC RISK RETENTION GROUP, INC.	Insurance Policy: 11/01/2008 - 12/15/2009	RRG 1065-04	Undetermined

Debtor Name: The Roman Catholic Diocese of Rockville Centre,  
New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 11, Question 73: Interests in insurance policies or annuities**

Description	Policy type	Policy number	Current value of debtor's interest
THE NATIONAL CATHOLIC RISK RETENTION GROUP, INC.	Insurance Policy: 12/15/2009 - 11/01/2010	RRG 1065-05	Undetermined
THE NORTH RIVER INSURANCE COMPANY	Insurance Policy: 09/01/1989 - 09/01/1990	5312022939	Undetermined
THE TOKIO MARINE & FIRE INS. CO (UK) LTD.	Insurance Policy: 10/01/1982 - 09/01/1983	SLC6046	Undetermined
THE TOKIO MARINE & FIRE INS. CO (UK) LTD.	Insurance Policy: 09/01/1983 - 09/01/1984	ICO4073	Undetermined
THE TOKIO MARINE & FIRE INS. CO (UK) LTD.	Insurance Policy: 09/01/1984 - 09/01/1985	ICO5133	Undetermined
THE TOKIO MARINE & FIRE INS. CO (UK) LTD.	Insurance Policy: 10/22/1986 - 02/01/1987	ICO5436	Undetermined
TOKIO (UK)	Insurance Policy: 10/01/1978 - 10/01/1979	SLC5480	Undetermined
TOKIO (UK)	Insurance Policy: 10/01/1979 - 10/01/1980	SLC5658	Undetermined
TOKIO (UK)	Insurance Policy: 10/01/1980 - 10/01/1981	SLC5747	Undetermined
TOKIO (UK)	Insurance Policy: 10/01/1980 - 10/01/1981	SLC5754	Undetermined
TOKIO (UK)	Insurance Policy: 10/01/1981 - 10/01/1982	SLC5895	Undetermined
TUREGUM INSURANCE COMPANY	Insurance Policy: 10/01/1976 - 10/01/1977	SLC5172	Undetermined
TUREGUM INSURANCE COMPANY	Insurance Policy: 10/01/1978 - 10/01/1979	SLC5480	Undetermined
TUREGUM INSURANCE COMPANY	Insurance Policy: 10/01/1979 - 10/01/1980	SLC5658	Undetermined
TUREGUM INSURANCE COMPANY	Insurance Policy: 10/01/1980 - 10/01/1981	SLC5747	Undetermined
TUREGUM INSURANCE COMPANY	Insurance Policy: 10/01/1980 - 10/01/1981	SLC5754	Undetermined
TUREGUM INSURANCE COMPANY	Insurance Policy: 10/01/1981 - 10/01/1982	SLC5895	Undetermined
TUREGUM INSURANCE COMPANY	Insurance Policy: 10/01/1982 - 09/01/1983	SLC6046	Undetermined
TUREGUM INSURANCE COMPANY	Insurance Policy: 09/01/1983 - 09/01/1984	ICO4073	Undetermined
TUREGUM INSURANCE COMPANY	Insurance Policy: 02/19/1985 - 09/01/1985	ICO5162	Undetermined
TUREGUM INSURANCE COMPANY	Insurance Policy: 10/15/1985 - 10/22/1986	ICO5326	Undetermined
TWIN CITY FIRE INSURANCE COMPANY	Insurance Policy: 09/01/1993 - 09/01/1994	UK0000005	Undetermined
U.S. SPECIALTY INSURANCE COMPANY	Kidnap & Ransom, 08/01/2019 - 08/01/2022	U719-89075	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 09/30/1976 - 10/01/1977	SL3161	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 10/01/1976 - 10/01/1977	MW23017	Undetermined

Debtor Name: The Roman Catholic Diocese of Rockville Centre,  
New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 11, Question 73: Interests in insurance policies or annuities**

Description	Policy type	Policy number	Current value of debtor's interest
UNDERWRITERS AT LLOYDS	Insurance Policy: 10/01/1976 - 10/01/1977	SL3152	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 10/01/1976 - 10/01/1977	SL3162	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 10/01/1976 - 10/01/1977	SLC5173	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 10/01/1977 - 10/01/1978	SL3152	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 01/18/1978 - 10/01/1978	SL3294	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 01/18/1978 - 10/01/1978	SL3311	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 01/18/1978 - 10/01/1978	SLC5330	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 10/01/1978 - 10/01/1979	SL3152	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 10/01/1978 - 10/01/1979	SL3311	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 10/01/1978 - 10/01/1979	SL3445	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 10/01/1978 - 10/01/1979	SL3452	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 10/01/1978 - 10/01/1979	SL3463	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 10/01/1979 - 10/01/1980	SL3574	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 10/01/1979 - 10/01/1980	SL3606	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 10/01/1979 - 10/01/1980	SL3607	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 10/01/1979 - 10/01/1980	SL3608	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 10/01/1980 - 10/01/1981	SL3574	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 10/01/1980 - 10/01/1981	SL3606	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 10/01/1980 - 10/01/1981	SL3725	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 10/01/1980 - 10/01/1981	SL3726	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 10/01/1980 - 10/01/1981	SL3731	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 10/01/1981 - 10/01/1982	SL3574	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 10/01/1981 - 10/01/1982	SL3606	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 10/01/1981 - 10/01/1982	SL3887	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 10/01/1981 - 10/01/1982	SL3888	Undetermined

Debtor Name: The Roman Catholic Diocese of Rockville Centre,  
New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 11, Question 73: Interests in insurance policies or annuities**

Description	Policy type	Policy number	Current value of debtor's interest
UNDERWRITERS AT LLOYDS	Insurance Policy: 10/01/1982 - 09/01/1983	SL4063	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 10/01/1982 - 09/01/1983	SL4065	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 10/01/1982 - 09/01/1983	SL4066	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 10/01/1982 - 09/01/1983	SLC6045	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 09/01/1983 - 09/01/1984	ISL3114	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 09/01/1983 - 09/01/1984	ISL3125	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 09/01/1983 - 09/01/1984	SL4063	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 09/01/1984 - 09/01/1985	ISL3125	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 09/01/1984 - 09/01/1985	ISL3289	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 09/01/1984 - 09/01/1985	SL4063	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 02/19/1985 - 09/01/1985	ISL3322	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 09/01/1985 - 09/01/1986	ISL3401	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 10/15/1985 - 10/22/1986	ISL3482	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 09/01/1986 - 09/01/1987	ISL3631	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 10/22/1986 - 02/01/1987	ISL3659	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 02/01/1987 - 09/01/1987	ISL3748	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 09/01/1987 - 09/01/1988	ISL3857	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 09/01/1988 - 09/01/1989	ISL4119	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 09/01/1989 - 09/01/1990	ISL4358	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 09/01/1990 - 09/01/1991	ISL4647	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 09/01/1991 - 09/01/1992	ISL4954	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 09/01/1992 - 09/01/1993	ISL5269	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 09/01/1993 - 09/01/1994	ISL5642	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 09/01/1994 - 09/01/1995	ISL5932	Undetermined
UNDERWRITERS AT LLOYDS	Insurance Policy: 11/01/2007 - 11/01/2008	B0901LU0738224	Undetermined

Debtor Name: The Roman Catholic Diocese of Rockville Centre,  
New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property****Part 11, Question 73: Interests in insurance policies or annuities**

Description	Policy type	Policy number	Current value of debtor's interest
UNDERWRITERS AT LLOYDS	Insurance Policy: 11/01/2007 - 11/01/2008	B0901LU0738232	Undetermined
UNDERWRITERS AT LLOYD'S OF LONDON	Property Insurance - Terrorism, 04/01/2020 - 04/01/2021	B0621MECCL000120	Undetermined
UNDERWRITERS AT LLOYD'S, LONDON (BRIT SYNDICATE-2987)	Property Insurance, 04/01/2020 - 04/01/2021	PD-11142-00	Undetermined
UNDERWRITERS AT LLOYD'S, LONDON (HISCOX US)	Property Insurance, 04/01/2020 - 04/01/2021	LMPRP20934605	Undetermined
UNIONAMERICA INS CO LTD	Insurance Policy: 10/01/1976 - 10/01/1977	SLC5172	Undetermined
UNIONAMERICA INS CO LTD "B" A/C	Insurance Policy: 10/01/1976 - 10/01/1977	SLC5172	Undetermined
UNITED NATIONAL INSURANCE COMPANY	Insurance Policy: 09/01/1990 - 09/01/1991	XTP33155	Undetermined
UNITED NATIONAL INSURANCE COMPANY	Insurance Policy: 09/01/1991 - 09/01/1992	XTP36084	Undetermined
UNITED NATIONAL INSURANCE COMPANY	Insurance Policy: 09/01/1992 - 09/01/1993	XTP41139	Undetermined
UNITED NATIONAL INSURANCE COMPANY	Insurance Policy: 09/01/1993 - 09/01/1994	XTP41139	Undetermined
UNITED NATIONAL INSURANCE COMPANY	Insurance Policy: 09/01/1994 - 09/01/1995	CP62791	Undetermined
UNITED NATIONAL INSURANCE COMPANY	Insurance Policy: 09/01/1994 - 09/01/1995	XTP41139	Undetermined
UNITED NATIONAL INSURANCE COMPANY	Insurance Policy: 09/01/1995 - 09/01/1996	CP62929	Undetermined
UNITED NATIONAL INSURANCE COMPANY	Insurance Policy: 09/01/1995 - 09/01/1996	XTP41139	Undetermined
UNKNOWN - PART OF QUOTA SHARE, SAME POLICY	Insurance Policy: 09/01/1984 - 09/01/1985	ICO5133	Undetermined
WESTCHESTER FIRE INSURANCE COMPANY	Insurance Policy: 09/01/1993 - 09/01/1994	5312068515	Undetermined
WESTCHESTER SURPLUS LINES INSURANCE COMPANY	Property Insurance, 04/01/2020 - 04/01/2021	D42265627 002	Undetermined
YASUDA FIRE & MARINE INS CO (UK) LTD	Insurance Policy: 10/01/1976 - 10/01/1977	SLC5172	Undetermined
YASUDA FIRE & MARINE INS CO (UK) LTD	Insurance Policy: 10/01/1978 - 10/01/1979	SLC5163	Undetermined
YASUDA FIRE & MARINE INS CO (UK) LTD	Insurance Policy: 10/01/1978 - 10/01/1979	SLC5469	Undetermined
YASUDA FIRE & MARINE INS CO (UK) LTD	Insurance Policy: 10/01/1979 - 10/01/1980	SLC5630	Undetermined
YASUDA FIRE & MARINE INS CO (UK) LTD	Insurance Policy: 10/01/1979 - 10/01/1980	SLC5658	Undetermined
YASUDA FIRE & MARINE INS CO (UK) LTD	Insurance Policy: 10/01/1980 - 10/01/1981	SLC5630	Undetermined
YASUDA FIRE & MARINE INS CO (UK) LTD	Insurance Policy: 10/01/1980 - 10/01/1981	SLC5747	Undetermined
YASUDA FIRE & MARINE INS CO (UK) LTD	Insurance Policy: 10/01/1981 - 10/01/1982	SLC5630	Undetermined

Debtor Name: The Roman Catholic Diocese of Rockville Centre,  
New York

Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property**

**Part 11, Question 73: Interests in insurance policies or annuities**

Description	Policy type	Policy number	Current value of debtor's interest
YASUDA FIRE & MARINE INS CO (UK) LTD	Insurance Policy: 10/01/1981 - 10/01/1982	SLC5895	Undetermined
YASUDA FIRE & MARINE INS CO (UK) LTD	Insurance Policy: 10/01/1982 - 09/01/1983	SLC6043	Undetermined
YASUDA FIRE & MARINE INS CO (UK) LTD	Insurance Policy: 10/01/1982 - 09/01/1983	SLC6046	Undetermined
YASUDA FIRE & MARINE INS CO (UK) LTD	Insurance Policy: 09/01/1983 - 09/01/1984	ICO4073	Undetermined
YASUDA FIRE & MARINE INS CO (UK) LTD	Insurance Policy: 09/01/1983 - 09/01/1984	SLC6043	Undetermined
YASUDA FIRE & MARINE INS CO (UK) LTD	Insurance Policy: 09/01/1984 - 09/01/1985	SLC6043	Undetermined
		<b>TOTAL</b>	<b>\$0.00</b>
			<b>+ undetermined amounts</b>

Debtor Name: The Roman Catholic Diocese of Rockville Centre, New York Case Number: 20-12345 (SCC)

**Assets - Real and Personal Property**

**Part 11, Question 77:** Other property of any kind not already listed

Description	Current value of debtor's interest
Due From Other Entity	\$487,957.41
Hospital Recoverable: PSIP	Undetermined
Insurance Reimbursable: PSIP	Undetermined
Other Receivables	\$16.64
Parish Services Receivable	\$171,583.67
<b>TOTAL</b>	<b>\$659,557.72</b> + undetermined amounts

## Fill in this information to identify the case:

Debtor name The Roman Catholic Diocese of Rockville Centre, New York  
 United States Bankruptcy Court for the: Southern District of New York  
 Case number (if known): 20-12345 (SCC)

Check if this is an amended filing

## Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

## 1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
 Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

2.1 Creditor's name	Describe debtor's property that is subject to a lien	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
APPLE INC.	Equipment and fixtures financed in whole or in part.	\$ Undetermined	\$ Undetermined
<b>Creditor's mailing address</b> 2600 GRAND BLVD. KANSAS CITY, MO 64108	<b>Describe the lien</b> UCC Lien Number: 200712316274544		
<b>Creditor's email address, if known</b>	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Date debt was incurred</b> Undetermined	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
<b>Last 4 digits of account number</b>			
<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>2.2 Creditor's name</b> CIT BANK, N.A.	<b>Describe debtor's property that is subject to a lien</b> 2 Konica Minolta Copiers.	\$ Undetermined	\$ Undetermined
<b>Creditor's mailing address</b> 10201 CENTURION PARKWAY NORTH JACKSONVILLE, FL 32256	<b>Describe the lien</b> UCC Lien Number: 201705035527573		
<b>Creditor's email address, if known</b>	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Date debt was incurred</b> Undetermined	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
<b>Last 4 digits of account number</b>			
<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines			
<b>3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.</b>		\$ 0.00 + undetermined amounts	

Debtor

The Roman Catholic Diocese of Rockville Centre, New York  
Name

Case number (if known) 20-12345 (SCC)

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no other need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1  
did you enter the  
related creditor?

Last 4 digits of  
account number  
for this entity

APPLE INC.  
1111OLD EAGLE SCHOOL RD  
WAYNE, PA19087

Line 1

Fill in this information to identify the case:

Debtor The Roman Catholic Diocese of Rockville Centre, New York  
 United States Bankruptcy Court for the: Southern District of New York  
 Case number 20-12345 (SCC)  
 (If known)

Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.  
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
<b>2.1 Priority creditor's name and mailing address</b>	As of the petition filing date, the claim is: \$ _____	
	Check all that apply.	
	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
_____	_____	
Last 4 digits of account number	Is the claim subject to offset?	
_____	<input type="checkbox"/> No	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	<input type="checkbox"/> Yes	
<b>2.2 Priority creditor's name and mailing address</b>	As of the petition filing date, the claim is: \$ _____	
	Check all that apply.	
	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
_____	_____	
Last 4 digits of account number	Is the claim subject to offset?	
_____	<input type="checkbox"/> No	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	<input type="checkbox"/> Yes	
<b>2.3 Priority creditor's name and mailing address</b>	As of the petition filing date, the claim is: \$ _____	
	Check all that apply.	
	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
_____	_____	
Last 4 digits of account number	Is the claim subject to offset?	
_____	<input type="checkbox"/> No	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	<input type="checkbox"/> Yes	

Debtor The Roman Catholic Diocese of Rockville Centre, New York  
Name \_\_\_\_\_

Case number (if known) 20-12345 (SCC)

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
<b>3.1</b>	<b>Nonpriority creditor's name and mailing address</b> A.S. ATTN: JEFF HERMAN C/O: HERMAN LAW 434 W. 33RD STREET, PENTHOUSE NEW YORK, NY 10001	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900153/2020  <b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b> _____
<b>3.2</b>	<b>Nonpriority creditor's name and mailing address</b> AGC MEDIA & CORPORATE COMMUNICATIONS, INC. 18 KENNETH AVENUE BELLMORE, NY 11710	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Trade Payable  <b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b> _____
<b>3.3</b>	<b>Nonpriority creditor's name and mailing address</b> AGING AT HOME, LTD 142 MINEOLA BOULEVARD MINEOLA, NY 11501	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Trade Payable  <b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b> _____
<b>3.4</b>	<b>Nonpriority creditor's name and mailing address</b> ALEXSANDRA DABROWSKI	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Trade Payable  <b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b> _____
<b>3.5</b>	<b>Nonpriority creditor's name and mailing address</b> ANONYMOUS KBR ATTN: PATRICK NOAKER C/O: PATRICK NOAKER, NOAKER LAW FIRM, LLC 1600 UTICA AVENUE S, 9TH FLOOR ST. LOUIS PARK, MN 55416	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900013/2020  <b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b> _____
<b>3.6</b>	<b>Nonpriority creditor's name and mailing address</b> ANONYMOUS KMG ATTN: STEPHAN H. PESKIN C/O: TOLMAGE, PESKIN, HARRIS, & FALICK 20 VESEY ST., SUITE 700 NEW YORK, NY 10007	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900014/2020  <b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b> _____

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**Amount of claim**

3.7	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
ANONYMOUS MS ATTN: STEPHAN H. PESKIN C/O: TOLMAGE, PESKIN, HARRIS, & FALICK 20 VESEY ST., SUITE 700 NEW YORK, NY 10007		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900011/2020
<b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.8	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
ANONYMOUS PK ATTN: STEPHAN H. PESKIN C/O: TOLMAGE, PESKIN, HARRIS, & FALICK 20 VESEY ST., SUITE 700 NEW YORK, NY 10007		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900015/2020
<b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.9	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
ANONYMOUS RP ATTN: STEPHAN H. PESKIN C/O: TOLMAGE, PESKIN, HARRIS, & FALICK 20 VESEY ST., SUITE 700 NEW YORK, NY 10007		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900012/2020
<b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.10	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
ANONYMOUS SMR ATTN: PATRICK NOAKER C/O: PATRICK NOAKER, NOAKER LAW FIRM, LLC 1600 UTICA AVENUE S, 9TH FLOOR ST. LOUIS PARK, MN 55416		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900165/2020
<b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.11	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
ANONYMOUS ATTN: ERIC K. SCHWARZ C/O: SULLIVAN PAPAIN BLOCK MCGRATH & CANNANO P.C. 120 BROADWAY 18TH FLOOR NEW YORK, NY 10271		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - (900058/2019) 900017/2020
<b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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		<b>Amount of claim</b>
3.12	<b>Nonpriority creditor's name and mailing address</b>	\$ <u>Undetermined</u>
	ARK11 DOE ATTN: JEFFREY R. ANDERSON, J. MICHAEL RECK, PATRICK STONEKING, NAHID A. SHAIKH, TRUSHA GOFFE C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <b>Basis for the claim:</b> CVA - 900013/2019
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.13	<b>Nonpriority creditor's name and mailing address</b>	\$ <u>Undetermined</u>
	ARK15 DOE ATTN: JEFFREY R. ANDERSON, J. MICHAEL RECK, PATRICK STONEKING, NAHID A. SHAIKH, TRUSHA GOFFE C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <b>Basis for the claim:</b> CVA - 900014/2019
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.14	<b>Nonpriority creditor's name and mailing address</b>	\$ <u>Undetermined</u>
	ARK16 DOE ATTN: JEFFREY R. ANDERSON, J. MICHAEL RECK, PATRICK STONEKING, NAHID A. SHAIKH, TRUSHA GOFFE C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <b>Basis for the claim:</b> CVA - 900028/2019
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.15	<b>Nonpriority creditor's name and mailing address</b>	\$ <u>Undetermined</u>
	ARK18 DOE ATTN: JEFFREY R. ANDERSON, J. MICHAEL RECK, PATRICK STONEKING, NAHID A. SHAIKH, TRUSHA GOFFE C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <b>Basis for the claim:</b> CVA - 900016/2019
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.16	<b>Nonpriority creditor's name and mailing address</b>	\$ <u>Undetermined</u>
	ARK21 DOE ATTN: JEFFREY R. ANDERSON, J. MICHAEL RECK, PATRICK STONEKING, NAHID A. SHAIKH, TRUSHA GOFFE C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <b>Basis for the claim:</b> CVA - 900017/2019
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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	<b>Amount of claim</b>
3.17 <b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
<p>ARK220 DOE  ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK  STONEKING  C/O: JEFF ANDERSON &amp; ASSOCIATES, P.A.  55 WEST 39TH STREET, 11TH FLOOR  NEW YORK, NY 10018</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CVA - 900051/2020</p>	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.18 <b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
<p>ARK221 DOE  ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK  STONEKING  C/O: JEFF ANDERSON &amp; ASSOCIATES, P.A.  55 WEST 39TH STREET, 11TH FLOOR  NEW YORK, NY 10018</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CVA - 900053/2020</p>	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.19 <b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
<p>ARK222 DOE  ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK  STONEKING  C/O: JEFF ANDERSON &amp; ASSOCIATES, P.A.  55 WEST 39TH STREET, 11TH FLOOR  NEW YORK, NY 10018</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CVA - 900054/2020</p>	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.20 <b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
<p>ARK223 DOE  ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK  STONEKING  C/O: JEFF ANDERSON &amp; ASSOCIATES, P.A.  55 WEST 39TH STREET, 11TH FLOOR  NEW YORK, NY 10018</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CVA - 900056/2020</p>	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.21 <b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
<p>ARK224 DOE  ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK  STONEKING  C/O: JEFF ANDERSON &amp; ASSOCIATES, P.A.  55 WEST 39TH STREET, 11TH FLOOR  NEW YORK, NY 10018</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CVA - 900059/2020</p>	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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		<b>Amount of claim</b>
3.22	<b>Nonpriority creditor's name and mailing address</b>  ARK225 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 900060/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.23	<b>Nonpriority creditor's name and mailing address</b>  ARK226 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 900063/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.24	<b>Nonpriority creditor's name and mailing address</b>  ARK227 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 900065/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.25	<b>Nonpriority creditor's name and mailing address</b>  ARK228 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 900066/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.26	<b>Nonpriority creditor's name and mailing address</b>  ARK229 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 900068/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes

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	<b>Amount of claim</b>	
3.27	<b>Nonpriority creditor's name and mailing address</b>  ARK230 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> CVA - 900070/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input checked="" type="checkbox"/> Yes</li> </ul>
	<b>Last 4 digits of account number</b>	
3.28	<b>Nonpriority creditor's name and mailing address</b>  ARK231 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> CVA - 900072/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input checked="" type="checkbox"/> Yes</li> </ul>
	<b>Last 4 digits of account number</b>	
3.29	<b>Nonpriority creditor's name and mailing address</b>  ARK232 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> CVA - 900074/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input checked="" type="checkbox"/> Yes</li> </ul>
	<b>Last 4 digits of account number</b>	
3.30	<b>Nonpriority creditor's name and mailing address</b>  ARK233 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> CVA - 900050/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input checked="" type="checkbox"/> Yes</li> </ul>
	<b>Last 4 digits of account number</b>	
3.31	<b>Nonpriority creditor's name and mailing address</b>  ARK234 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> CVA - 900052/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input checked="" type="checkbox"/> Yes</li> </ul>
	<b>Last 4 digits of account number</b>	

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		<b>Amount of claim</b>
3.32	<b>Nonpriority creditor's name and mailing address</b>	\$ <u>Undetermined</u>
	ARK235 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900055/2020
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.33	<b>Nonpriority creditor's name and mailing address</b>	\$ <u>Undetermined</u>
	ARK236 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900057/2020
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.34	<b>Nonpriority creditor's name and mailing address</b>	\$ <u>Undetermined</u>
	ARK237 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900058/2020
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.35	<b>Nonpriority creditor's name and mailing address</b>	\$ <u>Undetermined</u>
	ARK238 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900061/2020
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.36	<b>Nonpriority creditor's name and mailing address</b>	\$ <u>Undetermined</u>
	ARK239 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900062/2020
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.37	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
ARK240 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900064/2020
<b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.38	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
ARK241 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900067/2020
<b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.39	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
ARK242 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900069/2020
<b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.40	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
ARK243 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900071/2020
<b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.41	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
ARK244 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900073/2020
<b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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		<b>Amount of claim</b>
3.42	<b>Nonpriority creditor's name and mailing address</b>  ARK245 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 900075/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.43	<b>Nonpriority creditor's name and mailing address</b>  ARK27 DOE ATTN: JEFFREY R. ANDERSON, J. MICHAEL RECK, PATRICK STONEKING, NAHID A. SHAIKH, TRUSHA GOFFE C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 900019/2019	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.44	<b>Nonpriority creditor's name and mailing address</b>  ARK3 DOE ATTN: JEFFREY R. ANDERSON, J. MICHAEL RECK, PATRICK STONEKING, NAHID A. SHAIKH, TRUSHA GOFFE C/O: JEFF ANDERSON & ASSOCIATES, P.A. 52 DUANE STREET, 7TH FLOOR NEW YORK, NY 10007	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 900010/2019	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.45	<b>Nonpriority creditor's name and mailing address</b>  ARK30 DOE ATTN: JEFFREY R. ANDERSON, J. MICHAEL RECK, PATRICK STONEKING, NAHID A. SHAIKH, TRUSHA GOFFE C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 900020/2019	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.46	<b>Nonpriority creditor's name and mailing address</b>  ARK319 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 900128/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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	<b>Amount of claim</b>	
3.47	<b>Nonpriority creditor's name and mailing address</b>  ARK320 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> CVA - 900132/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input checked="" type="checkbox"/> Yes</li> </ul>
	<b>Last 4 digits of account number</b>	
3.48	<b>Nonpriority creditor's name and mailing address</b>  ARK321 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> CVA - 900133/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input checked="" type="checkbox"/> Yes</li> </ul>
	<b>Last 4 digits of account number</b>	
3.49	<b>Nonpriority creditor's name and mailing address</b>  ARK322 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> CVA - 900134/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input checked="" type="checkbox"/> Yes</li> </ul>
	<b>Last 4 digits of account number</b>	
3.50	<b>Nonpriority creditor's name and mailing address</b>  ARK323 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> CVA - 900135/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input checked="" type="checkbox"/> Yes</li> </ul>
	<b>Last 4 digits of account number</b>	
3.51	<b>Nonpriority creditor's name and mailing address</b>  ARK324 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> CVA - 900136/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input checked="" type="checkbox"/> Yes</li> </ul>
	<b>Last 4 digits of account number</b>	

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	<b>Amount of claim</b>	
3.52	<b>Nonpriority creditor's name and mailing address</b>  ARK325 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> CVA - 900130/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input checked="" type="checkbox"/> Yes</li> </ul>
	<b>Last 4 digits of account number</b>	
3.53	<b>Nonpriority creditor's name and mailing address</b>  ARK326 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> CVA - 900129/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input checked="" type="checkbox"/> Yes</li> </ul>
	<b>Last 4 digits of account number</b>	
3.54	<b>Nonpriority creditor's name and mailing address</b>  ARK33 DOE ATTN: JEFFREY R. ANDERSON, J. MICHAEL RECK, PATRICK STONEKING, NAHID A. SHAIKH, TRUSHA GOFFE C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> CVA - 900021/2019	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input checked="" type="checkbox"/> Yes</li> </ul>
	<b>Last 4 digits of account number</b>	
3.55	<b>Nonpriority creditor's name and mailing address</b>  ARK337 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> CVA - 900118/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input checked="" type="checkbox"/> Yes</li> </ul>
	<b>Last 4 digits of account number</b>	
3.56	<b>Nonpriority creditor's name and mailing address</b>  ARK338 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> CVA - 900127/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input checked="" type="checkbox"/> Yes</li> </ul>
	<b>Last 4 digits of account number</b>	

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	<b>Amount of claim</b>	
3.57	<b>Nonpriority creditor's name and mailing address</b>  ARK339 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> CVA - 900115/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input checked="" type="checkbox"/> Yes</li> </ul>
	<b>Last 4 digits of account number</b>	
3.58	<b>Nonpriority creditor's name and mailing address</b>  ARK341 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> CVA - 900112/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input checked="" type="checkbox"/> Yes</li> </ul>
	<b>Last 4 digits of account number</b>	
3.59	<b>Nonpriority creditor's name and mailing address</b>  ARK342 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> CVA - 900109/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input checked="" type="checkbox"/> Yes</li> </ul>
	<b>Last 4 digits of account number</b>	
3.60	<b>Nonpriority creditor's name and mailing address</b>  ARK356 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, NAHID A. SHAIKAH C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> CVA - 513632/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input checked="" type="checkbox"/> Yes</li> </ul>
	<b>Last 4 digits of account number</b>	
3.61	<b>Nonpriority creditor's name and mailing address</b>  ARK359 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> CVA - 900107/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input checked="" type="checkbox"/> Yes</li> </ul>
	<b>Last 4 digits of account number</b>	

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	<b>Amount of claim</b>	
3.62	<b>Nonpriority creditor's name and mailing address</b>  ARK36 DOE ATTN: JEFFREY R. ANDERSON, J. MICHAEL RECK, PATRICK STONEKING, NAHID A. SHAIKH C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> CVA - 900022/2019	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input checked="" type="checkbox"/> Yes</li> </ul>
	<b>Last 4 digits of account number</b>	
3.63	<b>Nonpriority creditor's name and mailing address</b>  ARK360 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> CVA - 900138/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input checked="" type="checkbox"/> Yes</li> </ul>
	<b>Last 4 digits of account number</b>	
3.64	<b>Nonpriority creditor's name and mailing address</b>  ARK362 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> CVA - 900139/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input checked="" type="checkbox"/> Yes</li> </ul>
	<b>Last 4 digits of account number</b>	
3.65	<b>Nonpriority creditor's name and mailing address</b>  ARK363 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> CVA - 900113/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input checked="" type="checkbox"/> Yes</li> </ul>
	<b>Last 4 digits of account number</b>	
3.66	<b>Nonpriority creditor's name and mailing address</b>  ARK364 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> CVA - 900126/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input checked="" type="checkbox"/> Yes</li> </ul>
	<b>Last 4 digits of account number</b>	

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	<b>Amount of claim</b>	
3.67	<b>Nonpriority creditor's name and mailing address</b>  ARK366 DOE ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> CVA - 900111/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input checked="" type="checkbox"/> Yes</li> </ul>
	<b>Last 4 digits of account number</b>	
3.68	<b>Nonpriority creditor's name and mailing address</b>  ARK40 DOE ATTN: JEFFREY R. ANDERSON, J. MICHAEL RECK, PATRICK STONEKING, NAHID A. SHAIKH C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> CVA - 900027/2019	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input checked="" type="checkbox"/> Yes</li> </ul>
	<b>Last 4 digits of account number</b>	
3.69	<b>Nonpriority creditor's name and mailing address</b>  ARK46 DOE ATTN: JEFFREY R. ANDERSON, J. MICHAEL RECK, PATRICK STONEKING, NAHID A. SHAIKH C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> CVA - 900025/2019	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input checked="" type="checkbox"/> Yes</li> </ul>
	<b>Last 4 digits of account number</b>	
3.70	<b>Nonpriority creditor's name and mailing address</b>  ARK49 DOE ATTN: JEFFREY R. ANDERSON, J. MICHAEL RECK, PATRICK STONEKING, NAHID A. SHAIKH, TRUSHA GOFFE C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> CVA - 900024/2019	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input checked="" type="checkbox"/> Yes</li> </ul>
	<b>Last 4 digits of account number</b>	
3.71	<b>Nonpriority creditor's name and mailing address</b>  ARK6 DOE ATTN: JEFFREY R. ANDERSON, J. MICHAEL RECK, PATRICK STONEKING, NAHID A. SHAIKH, TRUSHA GOFFE C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> CVA - 900011/2019	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input checked="" type="checkbox"/> Yes</li> </ul>
	<b>Last 4 digits of account number</b>	

Debtor

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		<b>Amount of claim</b>
3.72	<b>Nonpriority creditor's name and mailing address</b>  ARPINO, LEONA C/O: MEYERS FRIED-GRODIN LLP ATTN: JONATHAN MEYERS, ESQ. 14 PENN PLAZA 225 WEST 34TH STREET, 9TH FLOOR NEW YORK, NY 10122	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Demand Letter	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
3.73	<b>Nonpriority creditor's name and mailing address</b>  ASSUMPTION OF THE BLESSED VIRGIN MARY 20 CHESTNUT ST. CENTEREACH, NY 11720	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Insurance - Claim Number: DRC09027	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
3.74	<b>Nonpriority creditor's name and mailing address</b>  AUGUSTINE INSTITUTE, INC 6160 SYRACUSE WAY, STE310 GREENWOOD VILLAGE, CO 80111	\$900.00
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b> Various	<b>Is the claim subject to offset?</b>
	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
3.75	<b>Nonpriority creditor's name and mailing address</b>  B.G. ATTN: JEFF HERMAN C/O: HERMAN LAW 434 W. 33RD STREET, PENTHOUSE NEW YORK, NY 10001	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 900105/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
3.76	<b>Nonpriority creditor's name and mailing address</b>  B.R. ATTN: JEFF HERMAN, DANIEL ELLIS, STUART S. MERMELSTEIN, JASON S. SANDLER C/O: HERMAN LAW 434 W. 33RD STREET, PENTHOUSE NEW YORK, NY 10001	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 512125/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

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		<b>Amount of claim</b>
3.77	<b>Nonpriority creditor's name and mailing address</b>	\$ <u>Undetermined</u>
	C.C. ATTN: JEFF HERMAN C/O: HERMAN LAW 434 W. 33RD STREET, PENTHOUSE NEW YORK, NY 10001	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> CVA - 900152/2020
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.78	<b>Nonpriority creditor's name and mailing address</b>	\$ <u>Undetermined</u>
	CANONS REGULAR OF ST. AUGUSTINE INC. 235 GLEN ST GLEN COVE, NY 11542	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC12081
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.79	<b>Nonpriority creditor's name and mailing address</b>	\$ <u>Undetermined</u>
	CASTLEPOINT INS. COMPANY C/O: MARSCHAUSEN & FITZPATRICK 73 HEITZ PLACE HICKSVILLE, NY 11801	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC07143-01
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.80	<b>Nonpriority creditor's name and mailing address</b>	\$ <u>Undetermined</u>
	CATHOLIC CHARITIES- AQUEBOGUE 4 HILTON CT AQUEBOGUE, NY 11931	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11879
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.81	<b>Nonpriority creditor's name and mailing address</b>	\$ <u>Undetermined</u>
	CATHOLIC CHARITIES- BETHPAGE 90 CHERRY LANE HICKSVILLE, NY 11801	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC09500
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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	<b>Amount of claim</b>
3.82 Nonpriority creditor's name and mailing address	\$ Undetermined
<p>CATHOLIC CHARITIES- BOHEMIA 30-C CARLOUGH RD BOHEMIA, NY 11716</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Insurance - Claim Number: DRC11022</p>	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>
3.83 Nonpriority creditor's name and mailing address	\$ Undetermined
<p>CATHOLIC CHARITIES- COMMACK 155 INDIAN HEAD RD COMMACK, NY 11725</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Insurance - Claim Number: DRC09936</p>	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>
3.84 Nonpriority creditor's name and mailing address	\$ Undetermined
<p>CATHOLIC CHARITIES- COPIAGUE 258 DEAUVILLE BLVD COPIAGUE, NY 11726</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Insurance - Claim Number: DRC11885</p>	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>
3.85 Nonpriority creditor's name and mailing address	\$ Undetermined
<p>CATHOLIC CHARITIES- COPIAGUE 258 DEAUVILLE BLVD COPIAGUE, NY 11726</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Insurance - Claim Number: DRC11885-01</p>	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>
3.86 Nonpriority creditor's name and mailing address	\$ Undetermined
<p>CATHOLIC CHARITIES- ELMONT 1504 DEPAUL ST ELMONT, NY 11003</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Insurance - Claim Number: DRC10659</p>	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>

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**Amount of claim**

3.87	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
<p>CATHOLIC CHARITIES- W. BABYLON 622 ALBIN AVE WEST BABYLON, NY 11704</p>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Insurance - Claim Number: DRC09574</p>
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>
3.88	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
<p>CATHOLIC CHARITIES-ELMONT 1504 DEPAUL ST ELMONT, NY 11003</p>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Insurance - Claim Number: DRC12098</p>
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>
3.89	<b>Nonpriority creditor's name and mailing address</b>	<b>\$250.00</b>
<p>CATHOLIC CHARITIES 90 CHERRY LANE HICKSVILLE, NY 11801</p>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Stopped Check</p>
<b>Date or dates debt was incurred</b> 01/09/2017 <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>
3.90	<b>Nonpriority creditor's name and mailing address</b>	<b>\$70.00</b>
<p>CHRISTINA URENA</p>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p>
<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>
3.91	<b>Nonpriority creditor's name and mailing address</b>	<b>\$23.45</b>
<p>CIOX HEALTH P.O. BOX 409875 ATLANTA, GA30384-9875</p>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Stopped Check</p>
<b>Date or dates debt was incurred</b> 09/14/2020 <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>

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**Amount of claim**

3.92	<b>Nonpriority creditor's name and mailing address</b>	<b>\$2,515.00</b>
<p>CITIMEDICAL I LLC PO BOX 825323 PHILADELPHIA, PA 19182</p>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Stopped Check</p>
<p>Date or dates debt was incurred 09/18/2020</p> <p>Last 4 digits of account number</p>		<p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes</p>
3.93	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
<p>CORPUS CHRISTI CHURCH 155 GARFIELD AVE MINEOLA, NY 11501</p>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Insurance - Claim Number: DRC11299</p>
<p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>		<p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>
3.94	<b>Nonpriority creditor's name and mailing address</b>	<b>\$2,041.60</b>
<p>CROCE'S BODY SHOP 398 EAST MAIN ST EAST MORICHES, NY 11940</p>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Stopped Check</p>
<p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>		<p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>
3.95	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
<p>CURE OF ARS CHURCH 2323 MERRICK AVE MERRICK, NY 11566</p>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Insurance - Claim Number: DRC11319</p>
<p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>		<p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>
3.96	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
<p>CURE OF ARS CHURCH 2323 MERRICK AVE MERRICK, NY 11566</p>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Insurance - Claim Number: DRC11319-01</p>
<p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>		<p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>

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	<b>Amount of claim</b>
3.97 Nonpriority creditor's name and mailing address	\$250.00
<p>DANIEL OPOKU MENSAH ADDRESS ON FILE</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Stopped Check</p>	
Date or dates debt was incurred	05/10/2017
Last 4 digits of account number	
3.98 Nonpriority creditor's name and mailing address	\$338.00
<p>DIGITAL GRAPHIC IMAGERY CORP 400 POST AVENUE, SUITE 105 WESTBURY, NY 11590</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p>	
Date or dates debt was incurred	Various
Last 4 digits of account number	
3.99 Nonpriority creditor's name and mailing address	\$38.00
<p>DONNA CREAN ADDRESS ON FILE</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p>	
Date or dates debt was incurred	Various
Last 4 digits of account number	
3.100 Nonpriority creditor's name and mailing address	\$80.00
<p>EILEEN LOZOWSKI</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p>	
Date or dates debt was incurred	Various
Last 4 digits of account number	
3.101 Nonpriority creditor's name and mailing address	\$ Undetermined
<p>ELLISON ADDRESS ON FILE</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Insurance - Claim Number: DRC11535</p>	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	

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	<b>Amount of claim</b>
3.102 Nonpriority creditor's name and mailing address	\$ Undetermined
<p>F.C.  ATTN: JAMES R. MARSH, JENNIFER FREEMAN, ROBERT LEWIS  C/O: MARSH LAW FIRM PLLC  31 HUDSON YARDS, 11TH FLOOR  NEW YORK, NY 10001-2170</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CVA - 900125/2020</p>	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.103 Nonpriority creditor's name and mailing address	\$300.00
<p>FACULTY STUDENT ASSOCIATION  STONY BROOK UNIVERSITY</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p>	
Date or dates debt was incurred	Various
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.104 Nonpriority creditor's name and mailing address	\$441.47
<p>FEDERAL EXPRESS CORP  P O BOX 371461  PITTSBURGH, PA 15250-7461</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p>	
Date or dates debt was incurred	Various
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.105 Nonpriority creditor's name and mailing address	\$2,427.00
<p>FELLOWSHIP OF CATHOLIC UNIVERSITY STUDENTS  603 PARK POINT DRIVE, STE 200  GENESEE, CO 80401</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p>	
Date or dates debt was incurred	Various
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.106 Nonpriority creditor's name and mailing address	\$1,179.35
<p>FINAL TOUCH AUTO COLLISION  3586 MERRICK RD  SEAFORD, NY 11783</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Stopped Check</p>	
Date or dates debt was incurred	06/06/2018
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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	<b>Amount of claim</b>
3.107 Nonpriority creditor's name and mailing address	\$2,520.00
FRANCISCAN UNIVERSITY OF STEUBANVILLE ATTN: ENROLLMENT SERVICES 1235 UNIVERSITY BOULEVARD STEUBANVILLE, OH 43952-1792	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Contingent</li> <li><input type="checkbox"/> Unliquidated</li> <li><input type="checkbox"/> Disputed</li> </ul>	
<b>Basis for the claim:</b> Trade Payable	
Date or dates debt was incurred	Various
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.108 Nonpriority creditor's name and mailing address	\$ Undetermined
G.C. ATTN: JEFF HERMAN, STUART S. MERMELSTEIN C/O: HERMAN LAW 434 W. 33RD STREET, PENTHOUSE NEW YORK, NY 10001	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul>	
<b>Basis for the claim:</b> CVA - 900035/2019	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.109 Nonpriority creditor's name and mailing address	\$294.30
GOOD SAMARITAN HOSPITAL MEDICAL CENTER PO BOX 5913 NEW YORK, NY 10087	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input type="checkbox"/> Disputed</li> </ul>	
<b>Basis for the claim:</b> Stopped Check	
Date or dates debt was incurred	08/21/2017
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.110 Nonpriority creditor's name and mailing address	\$10.00
HEALTH SYSTNORTHWELL EM-GLEN COVE HOSPITAL 101 ST. ANDREWS LANE GLEN COVE, NY 11542	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input type="checkbox"/> Disputed</li> </ul>	
<b>Basis for the claim:</b> Stopped Check	
Date or dates debt was incurred	03/30/2017
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.111 Nonpriority creditor's name and mailing address	\$7.29
HEALTHPORT P.O. BOX 409740 ATLANTA, GA30384-9740	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input type="checkbox"/> Disputed</li> </ul>	
<b>Basis for the claim:</b> Stopped Check	
Date or dates debt was incurred	09/02/2016
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.112	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
<p>HOLY NAME OF MARY CHURCH 55 EAST JAMAICA AVE. VALLEY STREAM, NY 11580</p>		<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Insurance - Claim Number: DRC11331</p>
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.113	<b>Nonpriority creditor's name and mailing address</b>	<u>\$300.00</u>
<p>IKE NDOLO BAND, LLC 249 E AUBURN DRIVE TEMPE, AZ 85283</p>		<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p>
	<b>Date or dates debt was incurred</b> Various	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.114	<b>Nonpriority creditor's name and mailing address</b>	<u>\$919.96</u>
<p>INSURANCE AUTO AUCTIONS 66 PECONIC AVE ATTN SETTLEMENT GROUP MEDFORD, NY 11763-3274</p>		<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Stopped Check</p>
	<b>Date or dates debt was incurred</b> 03/22/2016	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.115	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
<p>INSURANCE CLAIMANT 102 ADDRESS ON FILE</p>		<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Insurance - Claim Number: DRC09665</p>
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.116	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
<p>INSURANCE CLAIMANT 103 ADDRESS ON FILE</p>		<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Insurance - Claim Number: DRC11684</p>
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.117	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 105 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC08807
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.118	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 10 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11756
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.119	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 113 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC09982
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.120	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 114 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11468
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.121	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 122 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11274
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.122	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 123 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11108  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.123	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 125 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC10006  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.124	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 126 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11130  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.125	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 129 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11959  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.126	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 149 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11840  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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3.127	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 151 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11804
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.128	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 155 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC08882
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.129	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 15 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11760
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.130	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 163 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11865
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.131	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 166 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC07143
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.132	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 167 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC08439  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.133	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 16 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC08574  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.134	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 177 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC09621  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.135	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 179 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11809  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.136	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 186 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC10341  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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	<b>Amount of claim</b>
3.137 Nonpriority creditor's name and mailing address	\$ Undetermined
INSURANCE CLAIMANT 187 ADDRESS ON FILE	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul>	
<b>Basis for the claim:</b> Insurance - Claim Number: DRC12023	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.138 Nonpriority creditor's name and mailing address	\$ Undetermined
INSURANCE CLAIMANT 188 ADDRESS ON FILE	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul>	
<b>Basis for the claim:</b> Insurance - Claim Number: DRC11352	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.139 Nonpriority creditor's name and mailing address	\$ Undetermined
INSURANCE CLAIMANT 18 ADDRESS ON FILE	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul>	
<b>Basis for the claim:</b> Insurance - Claim Number: DRC08815	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.140 Nonpriority creditor's name and mailing address	\$ Undetermined
INSURANCE CLAIMANT 195 ADDRESS ON FILE	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul>	
<b>Basis for the claim:</b> Insurance - Claim Number: DRC08878	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.141 Nonpriority creditor's name and mailing address	\$ Undetermined
INSURANCE CLAIMANT 197 ADDRESS ON FILE	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul>	
<b>Basis for the claim:</b> Insurance - Claim Number: DRC11834	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.142	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 198 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC04675
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.143	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 19 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11826
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.144	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 201 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11786
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.145	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 208 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC10195-003
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.146	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 211 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC09032
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.147	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 215 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC09622
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.148	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 216 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11394
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.149	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 220 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC09978-02
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.150	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 222 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11174
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.151	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 224 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC09330
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.152	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 230 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred Undetermined		<b>Basis for the claim:</b> Insurance - Claim Number: DRC09995
Last 4 digits of account number		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.153	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 236 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred Undetermined		<b>Basis for the claim:</b> Insurance - Claim Number: DRC08677
Last 4 digits of account number		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.154	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 238 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred Undetermined		<b>Basis for the claim:</b> Insurance - Claim Number: DRC09473
Last 4 digits of account number		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.155	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 246 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred Undetermined		<b>Basis for the claim:</b> Insurance - Claim Number: DRC09904
Last 4 digits of account number		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.156	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 248 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date or dates debt was incurred Undetermined		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11753-01
Last 4 digits of account number		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.157	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 253 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11922
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.158	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 255 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC12022
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.159	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 257 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11680
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.160	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 260 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC09512NF1
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.161	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 262 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11392
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.162	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 264 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11640  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.163	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 268 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC09897  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.164	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 26 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11206  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.165	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 274 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11018-02  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.166	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 276 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC09574-002  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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	<b>Amount of claim</b>
3.167 Nonpriority creditor's name and mailing address	\$ Undetermined
INSURANCE CLAIMANT 278 ADDRESS ON FILE	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul>	
<b>Basis for the claim:</b> Insurance - Claim Number: DRC11008	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.168 Nonpriority creditor's name and mailing address	\$ Undetermined
INSURANCE CLAIMANT 287 ADDRESS ON FILE	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul>	
<b>Basis for the claim:</b> Insurance - Claim Number: DRC08988	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.169 Nonpriority creditor's name and mailing address	\$ Undetermined
INSURANCE CLAIMANT 288 ADDRESS ON FILE	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul>	
<b>Basis for the claim:</b> Insurance - Claim Number: DRC11571	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.170 Nonpriority creditor's name and mailing address	\$ Undetermined
INSURANCE CLAIMANT 291 ADDRESS ON FILE	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul>	
<b>Basis for the claim:</b> Insurance - Claim Number: DRC11813	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.171 Nonpriority creditor's name and mailing address	\$ Undetermined
INSURANCE CLAIMANT 292 ADDRESS ON FILE	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul>	
<b>Basis for the claim:</b> Insurance - Claim Number: DRC08739	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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		<b>Amount of claim</b>
3.172	<b>Nonpriority creditor's name and mailing address</b>  INSURANCE CLAIMANT 294 ADDRESS ON FILE	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Insurance - Claim Number: DRC08031	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.173	<b>Nonpriority creditor's name and mailing address</b>  INSURANCE CLAIMANT 295 ADDRESS ON FILE	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Insurance - Claim Number: DRC08829	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.174	<b>Nonpriority creditor's name and mailing address</b>  INSURANCE CLAIMANT 2 ADDRESS ON FILE	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Insurance - Claim Number: DRC09574-001	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.175	<b>Nonpriority creditor's name and mailing address</b>  INSURANCE CLAIMANT 302 ADDRESS ON FILE	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Insurance - Claim Number: DRC09026	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.176	<b>Nonpriority creditor's name and mailing address</b>  INSURANCE CLAIMANT 303 ADDRESS ON FILE	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Insurance - Claim Number: DRC11798	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.177	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 30 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11462  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.178	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 315 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC09301-03  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.179	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 318 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC09345  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.180	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 31 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC07596  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.181	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 319 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11744  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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3.182	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 324 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11886  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.183	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 32 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC07596-01  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.184	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 331 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11136  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.185	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 334 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11570  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.186	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 335 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11615  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.187	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 33 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC07596NF
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.188	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 342 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11071
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.189	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 344 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC12046
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.190	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 352 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11423
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.191	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 353 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11803
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.192	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 35 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC09999  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.193	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 363 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC09574-003  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.194	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 364 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11749  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.195	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 369 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC08629  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.196	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 372 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC09129  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.197	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 377 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11812  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.198	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 37 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11841  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.199	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 380 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11200  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.200	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 385 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC08307  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.201	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 389 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11671  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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3.202	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 390 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Insurance - Claim Number: DRC12041
	Date or dates debt was incurred	Undetermined
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.203	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 391 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Insurance - Claim Number: DRC11644
	Date or dates debt was incurred	Undetermined
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.204	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 392 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Insurance - Claim Number: DRC11645
	Date or dates debt was incurred	Undetermined
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.205	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 395 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Insurance - Claim Number: DRC11892
	Date or dates debt was incurred	Undetermined
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.206	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 3 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Insurance - Claim Number: DRC11197
	Date or dates debt was incurred	Undetermined
	Last 4 digits of account number	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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3.207	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
INSURANCE CLAIMANT 396 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Basis for the claim:</b> Insurance - Claim Number: DRC09375		
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.208	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
INSURANCE CLAIMANT 404 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Basis for the claim:</b> Insurance - Claim Number: DRC11886-01		
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.209	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
INSURANCE CLAIMANT 41 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Basis for the claim:</b> Insurance - Claim Number: DRC10102		
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.210	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
INSURANCE CLAIMANT 423 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Basis for the claim:</b> Insurance - Claim Number: DRC11971		
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.211	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
INSURANCE CLAIMANT 424 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Basis for the claim:</b> Insurance - Claim Number: DRC11609		
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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3.212	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 45 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC08668
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.213	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 46 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11603
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.214	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 491 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11857
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.215	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 49 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11621
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.216	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 51 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11046
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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3.217	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 55 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11754
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.218	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 56 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11744-01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.219	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 593 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC12091
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.220	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 59 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11853
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.221	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 609 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC12093
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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3.222	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 621 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11266  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.223	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 629 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC12088  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.224	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 652 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC12089  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.225	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 65 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11532  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.226	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 66 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11856  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.227	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 675 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC08034
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.228	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 676 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11748
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.229	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 678 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC12083
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.230	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 68 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC10950
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.231	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 6 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC08375
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.232	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 696 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC08321  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.233	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 70 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11616  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.234	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 722 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11700  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.235	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 727 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC12086  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.236	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 73 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC09933-01  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.237	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
INSURANCE CLAIMANT 746 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11521  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.238	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
INSURANCE CLAIMANT 765 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC10010  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.239	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
INSURANCE CLAIMANT 778 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11747  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.240	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
INSURANCE CLAIMANT 77 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC08576  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.241	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
INSURANCE CLAIMANT 78 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Insurance - Claim Number: DRC09430  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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3.242	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 79 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC09917
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.243	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 799 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11758
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.244	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 811 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: 059270GB01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.245	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 82 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11098
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.246	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 83 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC10018
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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3.247	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 88 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC10195-01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.248	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 89 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC10195-2
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.249	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 90 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11668
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.250	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 94 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11275-01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.251	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
INSURANCE CLAIMANT 9 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC08451
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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		<b>Amount of claim</b>
3.252	<b>Nonpriority creditor's name and mailing address</b>  INSURANCE CLAIMANT 99 ADDRESS ON FILE	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Insurance - Claim Number: DRC08316	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.253	<b>Nonpriority creditor's name and mailing address</b>  J.C. ATTN: JAMES R. MARSH, JENNIFER FREEMAN, ROBERT LEWIS C/O: MARSH LAW FIRM PLLC 31 HUDSON YARDS, 11TH FLOOR NEW YORK, NY 10001-2170	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 900124/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.254	<b>Nonpriority creditor's name and mailing address</b>  J.P. ATTN: JEFF HERMAN, DANIEL ELLIS, STUART S. MERMELSTEIN, JASON S. SANDLER C/O: HERMAN LAW 434 W. 33RD STREET, PENTHOUSE NEW YORK, NY 10001	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 900022/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.255	<b>Nonpriority creditor's name and mailing address</b>  J.R.S. ATTN: DANIEL J. WOODARD, YITZCHAK FOGL, MICHAEL DERUVE C/O: PHILLIPS & PAOLICELLI, LLP 747 THIRD AVENUE, 6TH FLOOR NEW YORK, NY 10017	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 524748/2019	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.256	<b>Nonpriority creditor's name and mailing address</b>  JJSB DOE ATTN: ANDREW S. JANET C/O: JANET, JANET & SUGGS LLC 4 RESERVOIR CIRCLE, SUITE 200 BALTIMORE, MD 21208	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 900046/2019	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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	<b>Amount of claim</b>
3.257 Nonpriority creditor's name and mailing address	\$150.00
JOANNE CHIRICO <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Contingent</li> <li><input type="checkbox"/> Unliquidated</li> <li><input type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Trade Payable	
Date or dates debt was incurred	Various
Last 4 digits of account number	
3.258 Nonpriority creditor's name and mailing address	\$ Undetermined
JOHN DOE ATTN: JORDAN K. MERSON C/O: MERSON LAW PLLC 150 EAST 58TH STREET, 34TH FLOOR NEW YORK, NY 10155 <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> CVA - 900149/2020	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	
3.259 Nonpriority creditor's name and mailing address	\$ Undetermined
JOHN DOE ATTN: JORDAN K. MERSON C/O: MERSON LAW PLLC 150 EAST 58TH STREET, 34TH FLOOR NEW YORK, NY 10155 <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> CVA - 900029/2020	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	
3.260 Nonpriority creditor's name and mailing address	\$ Undetermined
JOHN DOE ATTN: JORDAN K. MERSON C/O: MERSON LAW PLLC 150 EAST 58TH STREET, 34TH FLOOR NEW YORK, NY 10155 <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> CVA - 519191/2019	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	
3.261 Nonpriority creditor's name and mailing address	\$737.38
JOHNSON CONTROLS FIRE PROTECTION, LP TYCO FIRE/SECURITY MGMT I DBA: JOHNSON CONTROLS FIRE 4700 EXCHANGE CT. STE 300 BOCA RATON, FL 33431 <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Contingent</li> <li><input type="checkbox"/> Unliquidated</li> <li><input type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Trade Payable	
Date or dates debt was incurred	Various
Last 4 digits of account number	

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		<b>Amount of claim</b>
3.262	<b>Nonpriority creditor's name and mailing address</b>  K.F. ATTN: JEFF HERMAN C/O: HERMAN LAW 434 W. 33RD STREET, PENTHOUSE NEW YORK, NY 10001	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 900044/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<input type="checkbox"/> No <input type="checkbox"/> Yes	
3.263	<b>Nonpriority creditor's name and mailing address</b>  KATHLEEN HENDERSON ADDRESS ON FILE	\$59.80
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b> Various	<b>Is the claim subject to offset?</b>
	<input type="checkbox"/> No <input type="checkbox"/> Yes	
3.264	<b>Nonpriority creditor's name and mailing address</b>  L.M. ATTN: RACHEL L. JACOBS C/O: GAIR, GAIR, CONASON, RUBINOWITZ, BLOOM, HERSHENHORN, STEIGMAN & MACKAUF 80 PINE STREET, 34TH FLOOR NEW YORK, NY 10005	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 950229/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<input type="checkbox"/> No <input type="checkbox"/> Yes	
3.265	<b>Nonpriority creditor's name and mailing address</b>  L.W. ADDRESS ON FILE	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Insurance - Claim Number: DRC09354	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<input type="checkbox"/> No <input type="checkbox"/> Yes	
3.266	<b>Nonpriority creditor's name and mailing address</b>  LAURENCE D HABER, MD. PC ADDRESS ON FILE	\$10.50
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Stopped Check	
	<b>Date or dates debt was incurred</b> 01/30/2017	<b>Is the claim subject to offset?</b>
	<input type="checkbox"/> No <input type="checkbox"/> Yes	

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**Amount of claim**

3.267	<b>Nonpriority creditor's name and mailing address</b>	<b>\$375.00</b>
LAWRENCE EGAN		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Trade Payable
<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.268	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
LI NEUROSURGICAL SPEC.		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11958
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
3.269	<b>Nonpriority creditor's name and mailing address</b>	<b>\$80.00</b>
LISA VANDERBURG		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Trade Payable
<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
3.270	<b>Nonpriority creditor's name and mailing address</b>	<b>\$1,260.85</b>
LITURGICAL PRESS ST JOHN'S ABBEY P O BOX 7500 COLLEGEVILLE, MN 56321-7500		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Trade Payable
<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
3.271	<b>Nonpriority creditor's name and mailing address</b>	<b>\$54.60</b>
LOGMEIN USA, INC. PO BOX 50264 LOS ANGELES, CA 90074-0264		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Trade Payable
<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes

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		<b>Amount of claim</b>
3.272	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
<p>M.C.  ATTN: JEFF HERMAN, STUART S. MERMELSTEIN  C/O: HERMAN LAW  434 W. 33RD STREET, PENTHOUSE  NEW YORK, NY 10001</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CVA - 900041/2019</p>		
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>
3.273	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
<p>M.M.  ATTN: JEFF HERMAN  C/O: HERMAN LAW  434 W. 33RD STREET, PENTHOUSE  NEW YORK, NY 10001</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CVA - 900006/2020</p>		
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>
3.274	<b>Nonpriority creditor's name and mailing address</b>	\$812.72
<p>MAGNIFICAT BCR  DISTRIBUTION CENTER  1331 RED CEDAR CIRCLE  FORT COLLINS, CO 80524</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p>		
<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>
3.275	<b>Nonpriority creditor's name and mailing address</b>	\$70.00
<p>MARICIA GOMEZ</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p>		
<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>
3.276	<b>Nonpriority creditor's name and mailing address</b>	\$70.00
<p>MARIA SONFIST</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p>		
<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>

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	<b>Amount of claim</b>
3.277 Nonpriority creditor's name and mailing address	\$1,444.63
<p>MASSAPEQUA AUTOBODY 36 BROOKLYN AVE MASSAPEQUA, NY 11758</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Stopped Check</p>	
Date or dates debt was incurred	08/28/2020
Last 4 digits of account number	
3.278 Nonpriority creditor's name and mailing address	\$742.55
<p>MEDIA ORIGIN INC PO BOX 10051 MELVILLE, NY 11747</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p>	
Date or dates debt was incurred	Various
Last 4 digits of account number	
3.279 Nonpriority creditor's name and mailing address	\$40.00
<p>MELISSA GARCIA PEREZ</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p>	
Date or dates debt was incurred	Various
Last 4 digits of account number	
3.280 Nonpriority creditor's name and mailing address	\$80.00
<p>MICHELLE MASSEUS-PATTERSON</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p>	
Date or dates debt was incurred	Various
Last 4 digits of account number	
3.281 Nonpriority creditor's name and mailing address	\$ Undetermined
<p>MIDTOWN GREEN CONSTRUCTION 100 ATLANTIC AVE GARDEN CITY, NY 11040</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Insurance - Claim Number: DRC11764-01</p>	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	

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		<b>Amount of claim</b>
3.282	<b>Nonpriority creditor's name and mailing address</b>  MINUTEMAN PRESS OF ROCKVILLE CENTRE GRAPHIC FABRICATIONS, INC DBA: MINUTEMAN PRESS OF RVC 488 SUNRISE HIGHWAY ROCKVILLE CENTRE, NY 11570	\$950.00
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b> Various	<b>Is the claim subject to offset?</b>
	<input type="checkbox"/> No <input type="checkbox"/> Yes	
3.283	<b>Nonpriority creditor's name and mailing address</b>  MULHOLLAND MINION DUFFY DAVEY ETAL 374 HILLSIDE AVE WILLISTON PARK, NY 11596	\$2,353.00
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Stopped Check	
	<b>Date or dates debt was incurred</b> 03/18/2020	<b>Is the claim subject to offset?</b>
	<input type="checkbox"/> No <input type="checkbox"/> Yes	
3.284	<b>Nonpriority creditor's name and mailing address</b>  MULHOLLAND MINION DUFFY DAVEY ETAL 374 HILLSIDE AVE WILLISTON PARK, NY 11596	\$3,217.50
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Stopped Check	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<input type="checkbox"/> No <input type="checkbox"/> Yes	
3.285	<b>Nonpriority creditor's name and mailing address</b>  MULHOLLAND,MINION,DUFFY,DAVEY MCNIFF & BEYRER P.C. 374 HILLSIDE AVE WILLISTON PARK, NY 11596	\$2,475.00
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Stopped Check	
	<b>Date or dates debt was incurred</b> 09/17/2020	<b>Is the claim subject to offset?</b>
	<input type="checkbox"/> No <input type="checkbox"/> Yes	
3.286	<b>Nonpriority creditor's name and mailing address</b>  NALCO WATER NALCO U.S. 2 INC DBA: NALCO WATER 1601 WEST DIEHL ROAD NAPERVILLE, IL 60563	\$605.00
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b> Various	<b>Is the claim subject to offset?</b>
	<input type="checkbox"/> No <input type="checkbox"/> Yes	

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		<b>Amount of claim</b>
3.287	<b>Nonpriority creditor's name and mailing address</b>  NATALIA ROMERO	\$30.00
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b> Various	
	<b>Is the claim subject to offset?</b>	
	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
3.288	<b>Nonpriority creditor's name and mailing address</b>  NATIONAL GRID PO BOX 11791 NEWARK, NJ 07101-9991	\$23.84
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b> Various	
	<b>Is the claim subject to offset?</b>	
	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
3.289	<b>Nonpriority creditor's name and mailing address</b>  NATIONAL GRID PO BOX 11791 NEWARK, NJ 07101-9991	\$162.81
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b> Various	
	<b>Is the claim subject to offset?</b>	
	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
3.290	<b>Nonpriority creditor's name and mailing address</b>  NATIONAL REGISTER PUBLISHING-DIRECT PO BOX 743140 ATLANTA, GA30374-3140	\$403.65
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b> Various	
	<b>Is the claim subject to offset?</b>	
	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
3.291	<b>Nonpriority creditor's name and mailing address</b>  NCDVD 440 WEST NECK ROAD HUNTINGTON, NY 11743	\$495.00
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b> Various	
	<b>Is the claim subject to offset?</b>	
	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

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**Amount of claim**

3.292	<b>Nonpriority creditor's name and mailing address</b>	\$158.00
	NETWORK SOLUTIONS & TRAINING, INC DBA: NST, INC 81 LARKFIELD ROAD EAST NORTHPORT, NY 11731	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Trade Payable
	<b>Date or dates debt was incurred</b> Various	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.293	<b>Nonpriority creditor's name and mailing address</b>	\$485.39
	NEW SECURITY COLLISION 315 RALPH AVE COPIAGUE, NY 11726	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Stopped Check
	<b>Date or dates debt was incurred</b> 09/06/2019	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.294	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
	NOCERINO ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11799
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.295	<b>Nonpriority creditor's name and mailing address</b>	\$39.99
	NOLAN REYNOLDS ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Trade Payable
	<b>Date or dates debt was incurred</b> Various	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.296	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
	NOTRE DAME SCHOOL 25 MAYFAIR RD. NEW HYDE PARK, NY 11040	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC09504
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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	<b>Amount of claim</b>
3.297 Nonpriority creditor's name and mailing address	\$5.00
<p>NY STATE DMV TITLE BUREAU 6 EMPIRE STATE PLAZA ALBANY, NY 12228</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Stopped Check</p>	
Date or dates debt was incurred	07/31/2020
Last 4 digits of account number	
3.298 Nonpriority creditor's name and mailing address	\$5.00
<p>NY STATE DMV TITLE BUREAU 6 EMPIRE STATE PLAZA ALBANY, NY 12228</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Stopped Check</p>	
Date or dates debt was incurred	08/05/2020
Last 4 digits of account number	
3.299 Nonpriority creditor's name and mailing address	\$5.00
<p>NY STATE DMV TITLE BUREAU 6 EMPIRE STATE PLAZA ALBANY, NY 12228</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Stopped Check</p>	
Date or dates debt was incurred	05/15/2019
Last 4 digits of account number	
3.300 Nonpriority creditor's name and mailing address	\$433.20
<p>OPTIMUM P.O. BOX 742698 CINCINNATI, OH 45274-2698</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p>	
Date or dates debt was incurred	Various
Last 4 digits of account number	
3.301 Nonpriority creditor's name and mailing address	\$37.31
<p>OPTIMUM PO BOX 742698 CINCINNATI, OH 45274-2698</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p>	
Date or dates debt was incurred	Various
Last 4 digits of account number	

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**Amount of claim**

3.302	<b>Nonpriority creditor's name and mailing address</b>	<b>\$222.65</b>
OPTIMUM P.O. BOX 742698 CINCINNATI, OH 45274-2698		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Contingent</li> <li><input type="checkbox"/> Unliquidated</li> <li><input type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Trade Payable
<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input checked="" type="checkbox"/> Yes</li> </ul>
3.303	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
OUR HOLY REDEEMER CHURCH 37 OCEAN AVE FREEPORT, NY 11520		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Insurance - Claim Number: DRC12037
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Yes</li> </ul>
3.304	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
OUR HOLY REDEEMER RC CHURCH 37 SOUTH OCEAN AVE FREEPORT, NY 11520		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Insurance - Claim Number: DRC11846
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Yes</li> </ul>
3.305	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
OUR HOLY REDEEMER RC CHURCH 37 SOUTH OCEAN AVE FREEPORT, NY 11520		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Insurance - Claim Number: DRC12055
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Yes</li> </ul>
3.306	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
OUR LADY OF FATIMA CHURCH 6 COTTONWOOD RD. PORT WASHINGTON, NY 11050		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Insurance - Claim Number: DRC12056
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Yes</li> </ul>

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	<b>Amount of claim</b>
3.307 Nonpriority creditor's name and mailing address	\$ Undetermined
OUR LADY OF HOPE CHURCH 52 BOYD DR WESTBURY, NY 11514	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul>	
<b>Basis for the claim:</b> Insurance - Claim Number: DRC12026	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.308 Nonpriority creditor's name and mailing address	\$ Undetermined
OUR LADY OF LOURDES CHURCH- WEST ISLIP 455 HUNTER AVE WEST ISLIP, NY 11795	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul>	
<b>Basis for the claim:</b> Insurance - Claim Number: DRC11246	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.309 Nonpriority creditor's name and mailing address	\$ Undetermined
OUR LADY OF PEACE SCHOOL/CHURCH 21/25 FOWLER AVE. LYNBROOK, NY 11563	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul>	
<b>Basis for the claim:</b> Insurance - Claim Number: DRC12019	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.310 Nonpriority creditor's name and mailing address	\$510.00
OUR LADY OF PERPETUAL HELP 210 S. WELLWOOD AVENUE LINDENHURST, NY 11757	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Contingent</li> <li><input type="checkbox"/> Unliquidated</li> <li><input type="checkbox"/> Disputed</li> </ul>	
<b>Basis for the claim:</b> Trade Payable	
Date or dates debt was incurred	Various
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.311 Nonpriority creditor's name and mailing address	\$ Undetermined
OUR LADY OF PERPETUAL HELP 210 S. WELLWOOD AVE. LINDENHURST, NY 11757	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul>	
<b>Basis for the claim:</b> Insurance - Claim Number: DRC12024	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.312	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
OUR LADY OF THE ASSUMPTION CHURCH 1 MOLLOY ST COPIAGE, NY 11726		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Insurance - Claim Number: DRC11862
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input checked="" type="checkbox"/> Yes</li> </ul>
3.313	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
OUR LADY OF THE ASSUMPTION CHURCH 1 MOLLY ST COPIAGE, NY 11726		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Insurance - Claim Number: DRC11862-01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input checked="" type="checkbox"/> Yes</li> </ul>
3.314	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
OUR LADY OF THE HAMPTONS REGIONAL CATHOLIC SCHOOL 160 N MAIN ST SOUTHAMPTON, NY 11968		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Insurance - Claim Number: DRC11539
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input checked="" type="checkbox"/> Yes</li> </ul>
3.315	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
OUR LADY OF THE HAMPTONS REGIONAL SCHOOL 160 N. MAIN ST SOUTHAMPTON, NY 11968		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Insurance - Claim Number: DRC11180
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input checked="" type="checkbox"/> Yes</li> </ul>
3.316	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
OUR LADY QUEEN OF MARTYRS CHURCH 53 PROSPECT RD CENTERPORT, NY 11721		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Insurance - Claim Number: DRC12064
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input checked="" type="checkbox"/> Yes</li> </ul>

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	<b>Amount of claim</b>
3.317 Nonpriority creditor's name and mailing address	\$ Undetermined
<p>P.F.  ATTN: JEFF HERMAN  C/O: HERMAN LAW  434 W. 33RD STREET, PENTHOUSE  NEW YORK, NY 10001</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CVA - 526614/2019</p>	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.318 Nonpriority creditor's name and mailing address	\$ Undetermined
<p>PC-12 DOE  ATTN: DIANE PAOLICELLI, MICHAEL DERUVE  C/O: PHILLIPS &amp; PAOLICELLI, LLP  747 THIRD AVENUE, 6TH FLOOR  NEW YORK, NY 10027</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CVA - 512833/2020</p>	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.319 Nonpriority creditor's name and mailing address	\$ Undetermined
<p>PC-20 DOE  ATTN: DIANE PAOLICELLI, MICHAEL DERUVE  C/O: PHILLIPS &amp; PAOLICELLI, LLP  747 THIRD AVENUE, 6TH FLOOR  NEW YORK, NY 10027</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CVA - 900110/2020</p>	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.320 Nonpriority creditor's name and mailing address	\$ Undetermined
<p>PC-9 DOE  ATTN: DIANE PAOLICELLI, MICHAEL DERUVE  C/O: PHILLIPS &amp; PAOLICELLI, LLP  747 THIRD AVENUE, 6TH FLOOR  NEW YORK, NY 10027</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CVA - 900081/2020</p>	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.321 Nonpriority creditor's name and mailing address	\$ Undetermined
<p>PLAINTIFF 2020-1999347  ATTN: MICHAEL G. DOWD, GERARD J. SWEENEY  C/O: MICHAEL G. DOWD  1981 MARCUS AVENUE, SUITE 200  LAKE SUCCESS, NY 11042</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CVA - 900039/2019</p>	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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3.322	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
PLAINTIFF 2020-1999349 C/O: MICHAEL G. DOWD 1981 MARCUS AVENUE, SUITE 200 LAKE SUCCESS, NY 11042		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <b>Basis for the claim:</b> CVA - 900005/2019
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.323	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
PLAINTIFF 2020-1999350 ATTN: JAMES R. MARSH, JENNIFER FREEMAN, ROBERT LEWIS C/O: MARSH LAW FIRM PLLC 31 HUDSON YARDS, 11TH FLOOR NEW YORK, NY 10001-2170		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <b>Basis for the claim:</b> CVA - 9000362020
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.324	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
PLAINTIFF 2020-1999351 ATTN: JAMES R. MARSH, JENNIFER FREEMAN, ROBERT LEWIS C/O: MARSH LAW FIRM PLLC 31 HUDSON YARDS, 11TH FLOOR NEW YORK, NY 10001-2170		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <b>Basis for the claim:</b> CVA - 900131/2020
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.325	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
PLAINTIFF 2020-1999356 ATTN: RALPH DESIMONE C/O: DESIMONE & ASSOCIATES, LLC 745 FIFTH AVENUE, SUITE 500 NEW YORK, NY 10151		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <b>Basis for the claim:</b> CVA - 518726/2019
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.326	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
PLAINTIFF 2020-1999359 C/O: MICHAEL G. DOWD 1981 MARCUS AVENUE, SUITE 200 LAKE SUCCESS, NY 11042		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <b>Basis for the claim:</b> CVA - 900094/2020
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.327	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
	PLAINTIFF 2020-1999364 ATTN: ADAM SLATER C/O: SLATER SLATER SCHULMAN LLP 488 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10022	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 621553/2019
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.328	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
	PLAINTIFF 2020-1999365 ATTN: BRETT ZEKOWSKI, FRED ROSENTHAL C/O: PARKER WAICHMAN LLP 6 HARBOR DRIVE PORT WASHINGTON, NY 11050	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900040/2019
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.329	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
	PLAINTIFF 2020-1999368 ATTN: ADAM SLATER, LINC LEDER C/O: SLATER SLATER SCHULMAN LLP 488 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10022	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900045/2019
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.330	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
	PLAINTIFF 2020-1999370 ATTN: JORDAN K. MERSON C/O: MERSON LAW PLLC 150 EAST 58TH STREET, 34TH FLOOR NEW YORK, NY 10155	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900037/2019
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.331	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
	PLAINTIFF 2020-1999376 ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900122/2020
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.332	Nonpriority creditor's name and mailing address	\$ Undetermined
<p>PLAINTIFF 2020-1999378 ATTN: ADAM SLATER C/O: SLATER SLATER SCHULMAN LLP 488 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10022</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CVA - 950642/2020</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>		
3.333	Nonpriority creditor's name and mailing address	\$ Undetermined
<p>PLAINTIFF 2020-1999379 C/O: MICHAEL G. DOWD 1981 MARCUS AVENUE, SUITE 200 LAKE SUCCESS, NY 11042</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CVA - 900042/2019</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>		
3.334	Nonpriority creditor's name and mailing address	\$ Undetermined
<p>PLAINTIFF 2020-1999384 ATTN: MICHAEL ROSE, HILLARY NAPPI C/O: HACH ROSE SCHIRIPPA &amp; CHEVERIE 112 MADISON AVENUE, 10TH FLOOR NEW YORK, NY 10016</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CVA - 950167/2019</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>		
3.335	Nonpriority creditor's name and mailing address	\$ Undetermined
<p>PLAINTIFF 2020-1999390 ATTN: JAMES R. MARSH, JENNIFER FREEMAN, ROBERT LEWIS C/O: MARSH LAW FIRM PLLC 31 HUDSON YARDS, 11TH FLOOR NEW YORK, NY 10001-2170</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CVA - 512319/2020</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>		
3.336	Nonpriority creditor's name and mailing address	\$ Undetermined
<p>PLAINTIFF 2020-1999391 ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON &amp; ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CVA - 900121/2020</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>		

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**Amount of claim**

3.337	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
PLAINTIFF 2020-1999394 ATTN: TRENT MIRACLE C/O: SIMMONS HANLY CONROY LLC 112 MADISON AVENUE NEW YORK, NY 10016		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 611155/2019
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.338	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
PLAINTIFF 2020-1999397 ATTN: JAMES A. MARSH, JENNIFER FREEMAN C/O: MARSH LAW FIRM PLLC 151 EAST POST ROAD SUITE 102 WHITE PLAINS, NY 10601		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900073/2019
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.339	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
PLAINTIFF 2020-1999401 ATTN: PAUL J. HANLY, JR. C/O: SIMMONS HANLY CONROY LLC 112 MADISON AVENUE, 7TH FLOOR NEW YORK, NY 10016		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 606674/2020
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.340	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
PLAINTIFF 2020-1999406 ATTN: JOSEPH G. DELL, JOSHUA M. WEINSTOCK C/O: DELL & DEAN PLLC 1225 FRANKLIN AVENUE SUITE 450 GARDEN CITY, NY 11530		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900036/2019
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.341	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
PLAINTIFF 2020-1999407 ATTN: MICHELE M. BETTI, ESQ. C/O: BETTI & ASSOCIATES 30 WALL STREET, 8TH FLOOR NEW YORK, NY 10005		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 609115/2020
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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		<b>Amount of claim</b>
3.342	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
PLAINTIFF 2020-1999413 ATTN: JEREMY HELLMAN, THOMAS GIUFFRA C/O: RHEINGOLD GIUFFRA RUFFO & PLOTKIN LLP 551 FIFTH AVENUE 29TH FLOOR NEW YORK, NY 10016		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900042/2020
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.343	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
PLAINTIFF 2020-1999416 ATTN: PAUL J. HANLY, JR., TRENT MIRACLE, ANDREA BIERSTEIN C/O: SIMMONS HANLY CONROY LLC 112 MADISON AVENUE, 7TH FLOOR NEW YORK, NY 10016		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900050/2019
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.344	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
PLAINTIFF 2020-1999426 ATTN: THOMAS P. GIUFFRA, JEREMY HELLMAN, EDWARD RUFFO C/O: RHEINGOLD GIUFFRA RUFFO & PLOTKIN LLP 551 FIFTH AVENUE 29TH FLOOR NEW YORK, NY 10016		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900008/2020
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.345	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
PLAINTIFF 2020-1999429 ATTN: JAMES R. MARSH, JENNIFER FREEMAN, ROBERT LEWIS C/O: MARSH LAW FIRM PLLC 31 HUDSON YARDS, 11TH FLOOR NEW YORK, NY 10001-2170		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900030/2020
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.346	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
PLAINTIFF 2020-1999430 ATTN: PAUL J. HANLY, JR. C/O: SIMMONS HANLY CONROY LLC 112 MADISON AVENUE, 7TH FLOOR NEW YORK, NY 10016		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 606672/2020
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.347	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
PLAINTIFF 2020-1999435 ATTN: ADAM SLATER C/O: SLATER SLATER SCHULMAN LLP 488 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10022		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900041/2020
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.348	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
PLAINTIFF 2020-1999436 ATTN: PAUL J. HANLY, JR. C/O: SIMMONS HANLY CONROY LLC 112 MADISON AVENUE, 7TH FLOOR NEW YORK, NY 10016		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 506103/2020
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.349	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
PLAINTIFF 2020-1999442 ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900078/2020
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.350	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
PLAINTIFF 2020-1999445 ATTN: JORDAN K. MERSON C/O: MERSON LAW PLLC 150 EAST 58TH STREET, 34TH FLOOR NEW YORK, NY 10155		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900003/2019 2:19-cv-04738
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.351	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
PLAINTIFF 2020-1999449 ATTN: JAMES R. MARSH, JENNIFER FREEMAN, ROBERT LEWIS C/O: MARSH LAW FIRM PLLC 31 HUDSON YARDS, 11TH FLOOR NEW YORK, NY 10001-2170		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 607768/2020
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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		<b>Amount of claim</b>
3.352	<b>Nonpriority creditor's name and mailing address</b>  PLAINTIFF 2020-1999455 ATTN: PAUL J. HANLY JR., JAYNE CONROY, TRENT MIRACLE C/O: SIMMONS HANLY CONROY LLC 112 MADISON AVENUE, 7TH FLOOR NEW YORK, NY 10016	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 900004/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.353	<b>Nonpriority creditor's name and mailing address</b>  PLAINTIFF 2020-1999457 ATTN: PAUL J. HANLY, JR., TRENT MIRACLE, ANDREA BIERSTEIN C/O: SIMMONS HANLY CONROY LLC 112 MADISON AVENUE, 7TH FLOOR NEW YORK, NY 10016	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 900051/2019	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.354	<b>Nonpriority creditor's name and mailing address</b>  PLAINTIFF 2020-1999460 ATTN: PAUL J. HANLY, JR., TRENT MIRACLE, ANDREA BIERSTEIN C/O: SIMMONS HANLY CONROY LLC 112 MADISON AVENUE, 7TH FLOOR NEW YORK, NY 10016	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 900052/2019	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.355	<b>Nonpriority creditor's name and mailing address</b>  PLAINTIFF 2020-1999461 ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 900079/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.356	<b>Nonpriority creditor's name and mailing address</b>  PLAINTIFF 2020-1999464 C/O: MICHAEL G. DOWD 1981 MARCUS AVENUE, SUITE 200 LAKE SUCCESS, NY 11042	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 900008/2019	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes

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		<b>Amount of claim</b>
3.357	<b>Nonpriority creditor's name and mailing address</b>  PLAINTIFF 2020-1999470 ATTN: PAUL J. HANLY, JR., JAYNE CONROY, ANDREA BIERSTEIN C/O: SIMMONS HANLY CONROY LLC 112 MADISON AVENUE, 7TH FLOOR NEW YORK, NY 10016	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 527922/2019	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.358	<b>Nonpriority creditor's name and mailing address</b>  PLAINTIFF 2020-1999483 ATTN: MATTHEW C. LOMBARDI, CRAIG KENT VERNON, PATRICK WENDELL NOAKER, STEPHAN H. PESKIN C/O: TOLMAGE, PESKIN, HARRIS, & FALICK 20 VESEY STREET, 7TH FL. NEW YORK, NY 10007	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 900003/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.359	<b>Nonpriority creditor's name and mailing address</b>  PLAINTIFF 2020-1999485 ATTN: ADAM SLATER C/O: SLATER SLATER SCHULMAN LLP 488 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10022	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 606396/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.360	<b>Nonpriority creditor's name and mailing address</b>  PLAINTIFF 2020-1999487 ATTN: BRENDA HARKAVY, ANDREW S. JANET, NATALIE D'ANTONIO C/O: JANET, JANET & SUGGS LLC 4 RESERVOIR CIRCLE, SUITE 200 BALTIMORE, MD 21208	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 900086/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.361	<b>Nonpriority creditor's name and mailing address</b>  PLAINTIFF 2020-1999491 ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 900120/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes

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		<b>Amount of claim</b>
3.362	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
PLAINTIFF 2020-1999498 C/O: MICHAEL G. DOWD 1981 MARCUS AVENUE, SUITE 200 LAKE SUCCESS, NY 11042		
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> CVA - 900048/2019		
<b>Date or dates debt was incurred</b> Undetermined <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
<b>Last 4 digits of account number</b>		
3.363	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
PLAINTIFF 2020-1999499 ATTN: MICHAEL LAUTERBORN C/O: SILBERSTEIN, AWAD & MIKLOS, P.C. 600 OLD COUNTRY ROAD SUITE 505 GARDEN CITY, NY 11530		
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> CVA - 900064/2019		
<b>Date or dates debt was incurred</b> Undetermined <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
<b>Last 4 digits of account number</b>		
3.364	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
PLAINTIFF 2020-1999502 ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018		
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> CVA - 900077/2020		
<b>Date or dates debt was incurred</b> Undetermined <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
<b>Last 4 digits of account number</b>		
3.365	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
PLAINTIFF 2020-1999503 ATTN: PAUL J. HANLY, JR. C/O: SIMMONS HANLY CONROY LLC 112 MADISON AVENUE, 7TH FLOOR NEW YORK, NY 10016		
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> CVA - 519862/2019		
<b>Date or dates debt was incurred</b> Undetermined <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
<b>Last 4 digits of account number</b>		
3.366	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
PLAINTIFF 2020-1999504 C/O: MICHAEL G. DOWD 1981 MARCUS AVENUE, SUITE 200 LAKE SUCCESS, NY 11042		
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> CVA - 900084/2020		
<b>Date or dates debt was incurred</b> Undetermined <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
<b>Last 4 digits of account number</b>		

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		<b>Amount of claim</b>
3.367	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
PLAINTIFF 2020-1999505 ATTN: VARA LYONS C/O: LEVY KONIGSBERG, LLP 800 THIRD AVENUE, 11TH FLOOR NEW YORK, NY 11231		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <b>Basis for the claim:</b> CVA - 900145/2020
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.368	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
PLAINTIFF 2020-1999506 ATTN: MICHELE M. BETTI, ESQ. C/O: BETTI & ASSOCIATES 30 WALL STREET, 8TH FLOOR NEW YORK, NY 10005		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <b>Basis for the claim:</b> CVA - 620497/2019
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.369	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
PLAINTIFF 2020-1999508 C/O: MICHAEL G. DOWD 1981 MARCUS AVENUE, SUITE 200 LAKE SUCCESS, NY 11042		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <b>Basis for the claim:</b> CVA - 900004/2019
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.370	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
PLAINTIFF 2020-1999510 C/O: MICHAEL G. DOWD 1981 MARCUS AVENUE, SUITE 200 LAKE SUCCESS, NY 11042		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <b>Basis for the claim:</b> CVA - 900046/2020
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.371	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
PLAINTIFF 2020-1999512 ATTN: PAUL J. HANLY, JR., TRENT MIRACLE, ANDREA BIERSTEIN C/O: SIMMONS HANLY CONROY LLC 112 MADISON AVENUE, 7TH FLOOR NEW YORK, NY 10016		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <b>Basis for the claim:</b> CVA - 900054/2019
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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		<b>Amount of claim</b>
3.372	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
PLAINTIFF 2020-1999514 ATTN: PATRICK NOAKER C/O: PATRICK NOAKER, NOAKER LAW FIRM, LLC 1600 UTICA AVENUE S, 9TH FLOOR ST. LOUIS PARK, MN 55416		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900018/2020
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.373	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
PLAINTIFF 2020-1999515 C/O: MICHAEL G. DOWD 1981 MARCUS AVENUE, SUITE 200 LAKE SUCCESS, NY 11042		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900047/2020
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.374	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
PLAINTIFF 2020-1999516 ATTN: PAUL J. HANLY, JR., JAYNE CONROY, ANDREA BIERSTEIN, TRENT MIRACLE C/O: SIMMONS HANLY CONROY LLC 112 MADISON AVENUE, 7TH FLOOR NEW YORK, NY 10016		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 624824/2019
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.375	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
PLAINTIFF 2020-1999521 ATTN: ADAM SLATER, LINC LEDER C/O: SLATER SLATER SCHULMAN LLP 488 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10022		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 618542/2019
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.376	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
PLAINTIFF 2020-1999523 ATTN: JAMES MARSH, JENNIFER FREEMAN, ROBERT LEWIS C/O: MARSH LAW FIRM PLLC 31 HUDSON YARDS, 11TH FLOOR NEW YORK, NY 10001		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900101/2020
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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		<b>Amount of claim</b>
3.377	<b>Nonpriority creditor's name and mailing address</b>  PLAINTIFF 2020-1999528 ATTN: JOSHUA W. SKILLMAN C/O: THE LAW OFFICE OF JOSHUA W. SKILLMAN 111 JOHN STREET, SUITE 1050 NEW YORK, NY 10038	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 950245/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.378	<b>Nonpriority creditor's name and mailing address</b>  PLAINTIFF 2020-1999529 ATTN: JAMES A. MARSH, JENNIFER FREEMAN C/O: MARSH LAW FIRM PLLC 151 EAST POST ROAD SUITE 102 WHITE PLAINS, NY 10601	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 900068/2019	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.379	<b>Nonpriority creditor's name and mailing address</b>  PLAINTIFF 2020-1999530 ATTN: PAUL J. HANLY JR., JAYNE CONROY, TRENT MIRACLE C/O: SIMMONS HANLY CONROY LLC 112 MADISON AVENUE, 7TH FLOOR NEW YORK, NY 10016	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 608381/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.380	<b>Nonpriority creditor's name and mailing address</b>  PLAINTIFF 2020-1999531 ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 900076/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.381	<b>Nonpriority creditor's name and mailing address</b>  PLAINTIFF 2020-1999534 ATTN: JAMES MARSH, JENNIFER FREEMAN, ROBERT LEWIS C/O: MARSH LAW FIRM PLLC 31 HUDSON YARDS, 11TH FLOOR NEW YORK, NY 10001	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 900102/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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		<b>Amount of claim</b>
3.382	<b>Nonpriority creditor's name and mailing address</b>  PLAINTIFF 2020-1999536 ATTN: RONALD J. KIM C/O: LAW OFFICES OF RONALD J. KIM, PC P.O. BOX 318 SARATOGA SPRINGS, NY 12866	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 610600/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.383	<b>Nonpriority creditor's name and mailing address</b>  PLAINTIFF 2020-1999538 ATTN: JAMES A. MARSH, JENNIFER FREEMAN C/O: MARSH LAW FIRM PLLC 151 EAST POST ROAD SUITE 102 WHITE PLAINS, NY 10601	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 900070/2019	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.384	<b>Nonpriority creditor's name and mailing address</b>  PLAINTIFF 2020-1999540 ATTN: JORDAN K. MERSON C/O: MERSON LAW PLLC 150 EAST 58TH STREET, 34TH FLOOR NEW YORK, NY 10155	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 513885/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.385	<b>Nonpriority creditor's name and mailing address</b>  PLAINTIFF 2020-1999542 ATTN: JAMES MARSH, JENNIFER FREEMAN, ROBERT LEWIS C/O: MARSH LAW FIRM PLLC 31 HUDSON YARDS, 11TH FLOOR NEW YORK, NY 10001	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 900103/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.386	<b>Nonpriority creditor's name and mailing address</b>  PLAINTIFF 2020-1999543 ATTN: CHRISTOPHER GERACE C/O: RUSSO, KARL, WIDMAIER & CORDANO PLLC 400 TOWNLINE ROAD, SUITE 170 HAUPPAUGE, NY 11788	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 607467/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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		<b>Amount of claim</b>
3.387	<b>Nonpriority creditor's name and mailing address</b>  PLAINTIFF 2020-1999546 ATTN: ADAM SLATER, LINC LEDER C/O: SLATER SLATER SCHULMAN LLP 488 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10022	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 617355/2019	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.388	<b>Nonpriority creditor's name and mailing address</b>  PLAINTIFF 2020-1999550 ATTN: JAMES A. MARSH, JENNIFER FREEMAN C/O: MARSH LAW FIRM PLLC 151 EAST POST ROAD SUITE 102 WHITE PLAINS, NY 10601	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 900069/2019	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.389	<b>Nonpriority creditor's name and mailing address</b>  PLAINTIFF 2020-1999551 ATTN: JEFFREY R. ANDERSON, J. MICHAEL RECK, PATRICK STONEKING, NAHID A. SHAIKH, TRUSHA GOFFE C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 900015/2019	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.390	<b>Nonpriority creditor's name and mailing address</b>  PLAINTIFF 2020-1999552 ATTN: JORDAN K. MERSON C/O: MERSON LAW PLLC 150 EAST 58TH STREET 34TH FLOOR NEW YORK, NY 10155	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 950002/2019	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.391	<b>Nonpriority creditor's name and mailing address</b>  PLAINTIFF 2020-1999553 ATTN: JAMES R. MARSH, JENNIFER FREEMAN, ROBERT LEWIS C/O: MARSH LAW FIRM PLLC 31 HUDSON YARDS, 11TH FLOOR NEW YORK, NY 10001-2170	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 900031/2020	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.392	Nonpriority creditor's name and mailing address	<u>\$ Undetermined</u>
	<b>PLAINTIFF 2020-1999558</b> ATTN: JOSEPH G. DELL, JOSHUA M. WEINSTOCK C/O: DELL & DEAN PLLC 1225 FRANKLIN AVENUE, SUITE 450 GARDEN CITY, NY 11530	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 615903/2019
	<b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.393	Nonpriority creditor's name and mailing address	<u>\$ Undetermined</u>
	<b>PLAINTIFF 2020-1999559</b> C/O: MICHAEL G. DOWD 1981 MARCUS AVENUE, SUITE 200 LAKE SUCCESS, NY 11042	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900080/2020
	<b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.394	Nonpriority creditor's name and mailing address	<u>\$ Undetermined</u>
	<b>PLAINTIFF 2020-1999561</b> ATTN: ADAM SLATER, LINC LEDER C/O: SLATER SLATER SCHULMAN LLP 488 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10022	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900087/2020
	<b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.395	Nonpriority creditor's name and mailing address	<u>\$ Undetermined</u>
	<b>PLAINTIFF 2020-1999565</b> ATTN: PAUL J. HANLY, JR. C/O: SIMMONS HANLY CONROY LLC 112 MADISON AVENUE, 7TH FLOOR NEW YORK, NY 10016	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 605941/2020
	<b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.396	Nonpriority creditor's name and mailing address	<u>\$ Undetermined</u>
	<b>PLAINTIFF 2020-1999566</b> ATTN: ADAM SLATER C/O: SLATER SLATER SCHULMAN LLP 488 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10022	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 618528/2019
	<b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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3.397	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
PLAINTIFF 2020-1999568 ATTN: JORDAN K. MERSON C/O: MERSON LAW PLLC 150 EAST 58TH STREET 34TH FLOOR NEW YORK, NY 10155		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 950002/2019
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.398	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
PLAINTIFF 2020-1999570 ATTN: GERARD J. SWEENEY, MICHAEL DOWD C/O: SWEENEY, REICH & BOLZ, LLP 1981 MARCUS AVENUE SUITE 200 LAKE SUCCESS, NY 11042		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 506559/2020
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.399	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
PLAINTIFF 2020-1999571 ATTN: JORDAN K. MERSON C/O: MERSON LAW PLLC 150 EAST 58TH STREET, 34TH FLOOR NEW YORK, NY 10155		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900001/2019
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.400	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
PLAINTIFF 2020-1999572 ATTN: ADAM SLATER C/O: SLATER SLATER SCHULMAN LLP 488 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10022		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 618528/2019
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.401	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
PLAINTIFF 2020-1999578 ATTN: ADAM SLATER C/O: SLATER SLATER SCHULMAN LLP 488 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10022		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 618528/2019
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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3.402	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
PLAINTIFF 2020-1999579 ATTN: ADAM SLATER C/O: SLATER SLATER SCHULMAN LLP 488 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10022		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 619881/2019
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.403	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
PLAINTIFF 2020-1999580 ATTN: JAMES R. MARSH, JENNIFER FREEMAN, ROBERT LEWIS C/O: MARSH LAW FIRM PLLC 31 HUDSON YARDS, 11TH FLOOR NEW YORK, NY 10001-2170		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900032/2020
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.404	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
PLAINTIFF 2020-1999584 C/O: MICHAEL G. DOWD 1981 MARCUS AVENUE, SUITE 200 LAKE SUCCESS, NY 11042		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900045/2020
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.405	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
PLAINTIFF 2020-1999585 ATTN: JEFF HERMAN C/O: HERMAN LAW 434 W. 33RD STREET, PENTHOUSE NEW YORK, NY 10001		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 522308/2019
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.406	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
PLAINTIFF 2020-1999588 ATTN: JEFFREY R. ANDERSON, J. MICHAEL RECK, PATRICK STONEKING, NAHID A. SHAIKH, TRUSHA GOFFE C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900012/2019
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.407	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
PLAINTIFF 2020-1999589 ATTN: PAUL J. HANLY, JR. C/O: SIMMONS HANLY CONROY LLC 112 MADISON AVENUE, 7TH FLOOR NEW YORK, NY 10016		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900010/2020
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.408	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
PLAINTIFF 2020-1999590 ATTN: PETER SAGHIR C/O: GAIR, GAIR, CONASON, RUBINOWITZ, BLOOM, HERSHENHORN, STEIGMAN & MACKAUF 80 PINE STREET, 34TH FLOOR NEW YORK, NY 10005		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900095/2020
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.409	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
PLAINTIFF 2020-1999591 ATTN: JOSEPH G. DELL, JOSHUA M. WEINSTOCK C/O: DELL & DEAN PLLC 1225 FRANKLIN AVENUE SUITE 450 GARDEN CITY, NY 11530		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900032/2019
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.410	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
PLAINTIFF 2020-1999593 ATTN: JAMES S. MCCARTHY, ELLEN BUCCHOLZ C/O: BUTTAFUOCO & ASSOCIATES, PLLC 144 WOODBURY ROAD WOODBURY, NY 11797		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 600873/2020
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.411	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
PLAINTIFF 2020-1999595 ATTN: JEFFREY R. ANDERSON, TRUSHA GOFFE, PATRICK STONEKING C/O: JEFF ANDERSON & ASSOCIATES, P.A. 55 WEST 39TH STREET, 11TH FLOOR NEW YORK, NY 10018		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900117/2020
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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		<b>Amount of claim</b>
3.412	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
	PLAINTIFF 2020-1999596 ATTN: ADAM SLATER, LINC LEDER C/O: SLATER SLATER SCHULMAN LLP 488 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10022	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900114/2020
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.413	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
	PLAINTIFF 2020-1999597 ATTN: JAMES A. MARSH, JENNIFER FREEMAN C/O: MARSH LAW FIRM PLLC 151 EAST POST ROAD SUITE 102 WHITE PLAINS, NY 10601	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900072/2019
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.414	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
	PLAINTIFF 2020-1999598 ATTN: JAMES R. MARSH, JENNIFER FREEMAN, ROBERT LEWIS C/O: MARSH LAW FIRM PLLC 31 HUDSON YARDS, 11TH FLOOR NEW YORK, NY 10001-2170	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 950535/2020
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.415	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
	PLAINTIFF 2020-1999604 C/O: MICHAEL G. DOWD 1981 MARCUS AVENUE, SUITE 200 LAKE SUCCESS, NY 11042	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900048/2020
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.416	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
	PLAINTIFF 2020-1999607 ATTN: JAMES A. MARSH, JENNIFER FREEMAN C/O: MARSH LAW FIRM PLLC 151 EAST POST ROAD SUITE 102 WHITE PLAINS, NY 10601	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900071/2019
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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3.417	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
	PLAINTIFF 2020-1999610 ATTN: PAUL J. HANLY, JR., TRENT MIRACLE, ANDREA BIERSTEIN C/O: SIMMONS HANLY CONROY LLC 112 MADISON AVENUE, 7TH FLOOR NEW YORK, NY 10016	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900053/2019
	Date or dates debt was incurred Undetermined	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
	Last 4 digits of account number	
3.418	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
	PLAINTIFF 2020-1999612 ATTN: MICHAEL J. ROMANO C/O: ROMANO & ASSOCIATES 350 OLD COUNTRY ROAD, SUITE 205 GARDEN CITY, NY 11530	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900002/2019
	Date or dates debt was incurred Undetermined	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
	Last 4 digits of account number	
3.419	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
	PLAINTIFF 2020-1999613 ATTN: ADAM SLATER C/O: SLATER SLATER SCHULMAN LLP 488 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10022	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900057/2019
	Date or dates debt was incurred Undetermined	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
	Last 4 digits of account number	
3.420	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
	PLAINTIFF 2020-1999614 C/O: MICHAEL G. DOWD 1981 MARCUS AVENUE, SUITE 200 LAKE SUCCESS, NY 11042	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900099/2020
	Date or dates debt was incurred Undetermined	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
	Last 4 digits of account number	
3.421	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
	PLAINTIFF 2020-1999621 ATTN: JAMES A. MARSH C/O: MARSH LAW FIRM PLLC 151 EAST POST ROAD SUITE 102 WHITE PLAINS, NY 10601	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900006/2019
	Date or dates debt was incurred Undetermined	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
	Last 4 digits of account number	

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**Amount of claim**

3.422	Nonpriority creditor's name and mailing address	\$ Undetermined
PLAINTIFF 2020-1999624 ATTN: PAUL J. HANLY, JR. C/O: SIMMONS HANLY CONROY LLC 112 MADISON AVENUE, 7TH FLOOR NEW YORK, NY 10016		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 950169/2019
<b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.423	Nonpriority creditor's name and mailing address	\$ Undetermined
PLAINTIFF 2020-1999626 ATTN: ADAM SLATER, LINC LEDER C/O: SLATER SLATER SCHULMAN LLP 488 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10022		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900085/2020
<b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.424	Nonpriority creditor's name and mailing address	\$ Undetermined
PLAINTIFF 2020-1999629 ATTN: RICHARD HAMBURGER, DAVID N. YAFFE, DOUGLAS MCNALLY C/O: HAMBURGER, MAXSON, YAFFE & MCNALLY, LLP 225 BROADHOLLOW ROAD, SUITE 301E MELVILLE, NY 11747		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900031/2019
<b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.425	Nonpriority creditor's name and mailing address	\$ Undetermined
PLAINTIFF 2020-1999630 ATTN: BRUCE KAYE, DOMINIQUE PENSON, ELIZABETH CATE, DEVIN STOREY, IRWIN ZALKIN, DANA COHEN C/O: THE ZALKIN LAW FIRM, P.C. AND BARASCH MCGARRY SALZMAN & PENSON 11 PARK PLACE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900150/2020
<b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.426	Nonpriority creditor's name and mailing address	\$ Undetermined
PLAINTIFF 2020-1999631 ATTN: JAMES R. MARSH, JENNIFER FREEMAN, ROBERT LEWIS C/O: MARSH LAW FIRM PLLC 31 HUDSON YARDS, 11TH FLOOR NEW YORK, NY 10001-2170		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900033/2020
<b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Debtor

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**Amount of claim**

3.427	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
PLAINTIFF 2020-2001877 ATTN: ADAM SLATER, LINC LEDER C/O: SLATER SLATER SCHULMAN LLP 488 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10022		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900137/2020
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.428	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
PLAINTIFF 2020-2001879 ATTN: HELENE M. WEISS C/O: LEVY KONIGSBERG, LLP 800 THIRD AVENUE, 11TH FLOOR NEW YORK, NY 11231		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900143/2020
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.429	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
PLAINTIFF 2020-2014762 ATTN: ADAM SLATER C/O: SLATER SLATER SCHULMAN LLP 488 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10022		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 517428/2020
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.430	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
PLAINTIFF 2020-2014763 ATTN: PAUL J. HANLY, JR., JAYNE CONROY, TRENT MIRACLE C/O: SIMMONS HANLY CONROY LLC 112 MADISON AVENUE, 7TH FLOOR NEW YORK, NY 10016		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 517533/2020
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.431	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
PLAINTIFF 2020-2049045 C/O: EISENBERG & BAUM, LLP ATTN: ERIC M. BAUM, ESQ. 24 UNION SQUARE EAST NEW YORK, NY 10003		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900174/2020
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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		<b>Amount of claim</b>
3.432	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
	PLAINTIFF 2020-2049047 C/O: SLATER SLATER SCHULMAN ATTN: ADAM P. SLATER, ESQ. 488 MADISON AVENUE NEW YORK, NY 10022	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <b>Basis for the claim:</b> CVA - 518289/2020
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.433	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
	PLAINTIFF 2020-2104029 ATTN: PAUL J. HANLY, JR., TRENT MIRACLE, GARABEDIAN C/O: SIMMONS HANLY CONROY LLC 112 MADISON AVENUE, 7TH FLOOR NEW YORK, NY 10016	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <b>Basis for the claim:</b> CVA - 900171/2020
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.434	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
	PLAINTIFF 2020-2104030 ATTN: PAUL J. HANLY, JR., TRENT MIRACLE, GARABEDIAN C/O: SIMMONS HANLY CONROY LLC 112 MADISON AVENUE, 7TH FLOOR NEW YORK, NY 10016	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <b>Basis for the claim:</b> CVA - 900172/2020
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.435	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
	PLAINTIFF 2020-2104031 ATTN: BENJAMIN D. ANDREOZZI, ESQ. C/O: ANDREOZZI + FOOTE 4503 N. FRONT STREET HARRISBURG, PA 17110	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <b>Basis for the claim:</b> CVA - 900170/2020
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.436	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
	PLAINTIFF 2020-2104032 ATTN: JEFFERY HERMAN C/O: HERMAN LAW 434 W. 33RD STREET, PENTHOUSE NEW YORK, NY 10001	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <b>Basis for the claim:</b> CVA - 900173/2020
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.437	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
PLAINTIFF 2020-2104033 ATTN: AARON FERRI C/O: LEEDS BROWN LAW, P.C. ONE OLD COUNTRY ROAD, SUITE 347 CARLE PLACE, NY 11514		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900168/2020
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.438	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
PLAINTIFF 2020-2104034 ATTN: PAUL J. HANLY, JR. C/O: SIMMONS HANLY CONROY LLC 112 MADISON AVENUE, 7TH FLOOR NEW YORK, NY 10016		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 518025/2020
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.439	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ 5,000.00</b>
POSTMASTER-HICKSVILLE VALERIE WILLIAMS BUSINESS MAIL ENTRY TECHNICIAN 185 W JOHN STREET HICKSVILLE, NY 11802-9998		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Trade Payable
<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.440	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ 42.97</b>
QUILL CORPORATION P.O. BOX 37600 PHILADELPHIA, PA 19101-0600		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Trade Payable
<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.441	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
R.A. ATTN: JEFF HERMAN C/O: HERMAN LAW 434 W. 33RD STREET, PENTHOUSE NEW YORK, NY 10001		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 900002/2020
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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	<b>Amount of claim</b>
3.442 Nonpriority creditor's name and mailing address	\$ Undetermined
R.K. ATTN: JEFF HERMAN C/O: HERMAN LAW 434 W. 33RD STREET, PENTHOUSE NEW YORK, NY 10001	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> CVA - 900119/2020</p>
Date or dates debt was incurred Undetermined	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Last 4 digits of account number	
3.443 Nonpriority creditor's name and mailing address	\$654.14
RAYMOUR AND FLANAGAN ADDRESS ON FILE	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p>
Date or dates debt was incurred Various	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Last 4 digits of account number	
3.444 Nonpriority creditor's name and mailing address	\$120.67
READYREFRESH BY NESTLE NESTLE WATERS NORTH AMERICA DBA: READYREFRESH P.O. BOX 856192 LOUISVILLE, KY 40285-6192	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p>
Date or dates debt was incurred Various	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Last 4 digits of account number	
3.445 Nonpriority creditor's name and mailing address	\$750.00
REFORM WELLNESS	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p>
Date or dates debt was incurred Various	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Last 4 digits of account number	
3.446 Nonpriority creditor's name and mailing address	\$210.00
REV MSGR. THOMAS E MOLLOY ADDRESS ON FILE	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p>
Date or dates debt was incurred Various	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Last 4 digits of account number	

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		<b>Amount of claim</b>
3.447	<b>Nonpriority creditor's name and mailing address</b>	\$34.00
	REV TOMAZ GOMIDE ADDRESS ON FILE	
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b> Various	
	<b>Is the claim subject to offset?</b>	
	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
3.448	<b>Nonpriority creditor's name and mailing address</b>	\$132.00
	ROGER ALERTA GATINAO JR	
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b> Various	
	<b>Is the claim subject to offset?</b>	
	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
3.449	<b>Nonpriority creditor's name and mailing address</b>	\$250.00
	ROMULO GOMEZ ADDRESS ON FILE	
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Stopped Check	
	<b>Date or dates debt was incurred</b> 09/08/2020	
	<b>Is the claim subject to offset?</b>	
	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
3.450	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
	S.T. ATTN: JAMES A. MARSH, ROBERT LEWIS, JENNIFER FREEMAN C/O: MARSH LAW FIRM PLLC 151 EAST POST ROAD SUITE 102 WHITE PLAINS, NY 10601	
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> CVA - 900007/2019	
	<b>Date or dates debt was incurred</b> Undetermined	
	<b>Is the claim subject to offset?</b>	
	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
3.451	<b>Nonpriority creditor's name and mailing address</b>	\$98.60
	SECURITY MUTUAL INSURANCE P O BOX 1625 BINGHAMTON, NY 13902-1625	
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b> Various	
	<b>Is the claim subject to offset?</b>	
	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

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3.452	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
	SHC-MG-3 DOE ATTN: PAUL J. HANLY, JR. C/O: SIMMONS HANLY CONROY LLC 112 MADISON AVENUE, 7TH FLOOR NEW YORK, NY 10016	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> CVA - 515746/2020
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.453	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
	SS PHILIP & JAMES CHURCH 1 CAROW PLACW ST. JAMES, NY 11780	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Insurance - Claim Number: DRC08846
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.454	<b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
	SS PHILIP & JAMES CHURCH 1 CAROW PLACW ST. JAMES, NY 11780	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Insurance - Claim Number: DRC08846-01
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.455	<b>Nonpriority creditor's name and mailing address</b>	\$ 6,540.00
	ST JOHN VIANNEY CENTER ATTENTION: BUSINESS OFFICE 151 WOODBINE ROAD DOWNTOWN, PA 19335-3057	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Trade Payable
	<b>Date or dates debt was incurred</b> Various	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.456	<b>Nonpriority creditor's name and mailing address</b>	\$ 320.00
	ST KILIAN RCC 485 CONKLIN STREET FARMINGDALE, NY 11735	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Trade Payable
	<b>Date or dates debt was incurred</b> Various	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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3.457	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
ST. BRIGID'S CHURCH WESTBURY, NY 11590		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: 055883FF01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.458	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
ST. CATHERINE OF SIENNA CHURCH 33 NEW HYDE PARK RD FRANKLIN SQUARE, NY 11010		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11868
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.459	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
ST. DOMINIC HIGH SCHOOL 110 ANSTICE ST OYSTER BAY, NY 11771		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC11871
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.460	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
ST. DOMINIC RCC 96 ANSTICE ST OYSTER BAY, NY 11771		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC10195
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.461	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
ST. FRANCIS DE SALES CHURCH 7 AMITY ST PATCHOGUE, NY 11772		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Insurance - Claim Number: DRC12092
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.462	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
	ST. GERTRUDE CHURCH 28 SCHOOL ST. BAYVILLE, NY 11709	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Insurance - Claim Number: DRC12016
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.463	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
	ST. JOHN THE EVANGELIST CHURCH 25 SOUTH OCEAN AVE. CENTER MORICHES, NY 11934	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Insurance - Claim Number: DRC09307
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.464	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
	ST. JOHN THE EVANGELIST CHURCH 25 SOUTH OCEAN AVE. CENTER MORICHES, NY 11934	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Insurance - Claim Number: DRC09307-01
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.465	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
	ST. JOSEPH CHURCH- BABYLON 39 NORTH CARLL AVE BABYLON, NY 11702	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Insurance - Claim Number: DRC11949
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.466	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
	ST. JOSEPH CHURCH- BABYLON 39 N. CARLL AVE BABYLON, NY 11702	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Insurance - Claim Number: DRC11687
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.467	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
<p>ST. JOSEPH CHURCH- BABYLON 39 N. CARL AVE BABYLON, NY 11702</p>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Insurance - Claim Number: DRC11687-01</p>
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>
3.468	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
<p>ST. LADISLAUS SCHOOL 436 FRONT ST HEMPSTEAD, NY 11550</p>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Insurance - Claim Number: DRC11957</p>
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>
3.469	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
<p>ST. LADISLAUS SCHOOL 436 FRONT ST HEMPSTEAD, NY 11550</p>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Insurance - Claim Number: DRC11980</p>
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>
3.470	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
<p>ST. LAWRENCE THE MARTYR 27 HANDSOME AVE. SAYVILLE, NY 11782</p>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Insurance - Claim Number: DRC11944</p>
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>
3.471	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
<p>ST. LAWRENCE THE MARTYR 27 HANDSOME AVE. SAYVILLE, NY 11782</p>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Insurance - Claim Number: DRC11944-01</p>
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>

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**Amount of claim**

3.472	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
<p>ST. MARTHA CHURCH 546 GREENGROVE AVE. UNIONDALE, NY 11553</p>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Insurance - Claim Number: DRC12015</p>
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <p><input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes</p>
3.473	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
<p>ST. MARY ROMAN CATHOLIC CHURCH 2 2ND STREET MANHASSET, NY 11030</p>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Insurance - Claim Number: DRC11963</p>
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <p><input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes</p>
3.474	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
<p>ST. PATRICK CHURCH- HUNTINGTON 400 MAIN ST HUNTINGTON, NY 11743</p>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Insurance - Claim Number: DRC11814</p>
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <p><input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes</p>
3.475	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
<p>ST. PATRICK SCHOOL 360 MAIN ST HUNTINGTON, NY 11743</p>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Insurance - Claim Number: DRC11950</p>
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <p><input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes</p>
3.476	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
<p>ST. PATRICK SCHOOL 360 MAIN ST HUNTINGTON, NY 11743</p>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Insurance - Claim Number: DRC11950-01</p>
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <p><input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes</p>

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**Amount of claim**

3.477	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
<p>ST. PAUL THE APOSTLE CHURCH 2534 CEDAR SWAMP RD. BROOKVILLE, NY 11545</p>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Insurance - Claim Number: DRC11976</p>
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <p><input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes</p>
3.478	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
<p>ST. PIUS X CHURCH 1 ST. PIUS CT. PLAINVIEW, NY 11803</p>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Insurance - Claim Number: DRC11337</p>
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <p><input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes</p>
3.479	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
<p>ST. ROSALIE CHURCH 31 MONTAUK HIGHWAY HAMPTON BAYS, NY 11946</p>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Insurance - Claim Number: DRC12065</p>
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <p><input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes</p>
3.480	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
<p>ST. WILLIAM THE ABBOT SCHOOL 2001 JACKSON AVE SEAFORD, NY 11783</p>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Insurance - Claim Number: DRC11356</p>
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <p><input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes</p>
3.481	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
<p>ST. WILLIAM THE ABBOT SCHOOL 2001 JACKSON AVE SEAFORD, NY 11783</p>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Insurance - Claim Number: DRC12074</p>
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <p><input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes</p>

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	<b>Amount of claim</b>
3.482 Nonpriority creditor's name and mailing address	\$ Undetermined
<p>STS. PETER AND PAUL CHURCH 781 WADING RIVER RD MANORVILLE, NY 11949</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Insurance - Claim Number: DRC12031</p>	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	
3.483 Nonpriority creditor's name and mailing address	\$ Undetermined
<p>STS. PHILIP &amp; JAMES CHURCH 359 CLINTON AVE ST. JAMES, NY 11780</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Insurance - Claim Number: DRC11883</p>	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	
3.484 Nonpriority creditor's name and mailing address	\$ 158.70
<p>TARA TURNOW ADDRESS ON FILE</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p>	
Date or dates debt was incurred	Various
Last 4 digits of account number	
3.485 Nonpriority creditor's name and mailing address	\$ Undetermined
<p>TELCARE-CATHOLIC FAITH NETWORK 1200 GLENN CURTISS BLVD UNIONDALE, NY 11553</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Insurance - Claim Number: DRC12053</p>	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	
3.486 Nonpriority creditor's name and mailing address	\$ 120.00
<p>THE EASTERN REGIONAL CONFERENCE OF CANONISTS 70 LAWRENCEVILLE ROAD P O BOX 5147 TRENTON, NJ 08638-0147</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p>	
Date or dates debt was incurred	Various
Last 4 digits of account number	

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	<b>Amount of claim</b>
3.487 Nonpriority creditor's name and mailing address	\$1,250.00
TOWN OF ISLIP	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Basis for the claim:</b> Trade Payable	
Date or dates debt was incurred	Various
Last 4 digits of account number	
<b>Is the claim subject to offset?</b>	
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
3.488 Nonpriority creditor's name and mailing address	\$167.00
ULTIMATE PEST CONTROL, INC 93 ALLEN BOULEVARD FARMINGDALE, NY 11735	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Basis for the claim:</b> Trade Payable	
Date or dates debt was incurred	Various
Last 4 digits of account number	
<b>Is the claim subject to offset?</b>	
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
3.489 Nonpriority creditor's name and mailing address	\$373.66
USCCB-RESPECT LIFE PROGRAM PO BOX 96991 WASHINGTON, DC 20090-6991	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Basis for the claim:</b> Trade Payable	
Date or dates debt was incurred	Various
Last 4 digits of account number	
<b>Is the claim subject to offset?</b>	
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
3.490 Nonpriority creditor's name and mailing address	\$ Undetermined
V.C. ATTN: JEFF HERMAN, DANIEL ELLIS, STUART S. MERMELSTEIN, JASON S. SANDLER C/O: HERMAN LAW 434 W. 33RD STREET, PENTHOUSE NEW YORK, NY 10001	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
<b>Basis for the claim:</b> CVA - 9000043/2020	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	
<b>Is the claim subject to offset?</b>	
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
3.491 Nonpriority creditor's name and mailing address	\$ Undetermined
V.G. ATTN: JEFF HERMAN, STUART S. MERMELSTEIN C/O: HERMAN LAW 434 WEST. 33RD STREET, PENTHOUSE NEW YORK, NY 10001	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
<b>Basis for the claim:</b> CVA - 900029/2019	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	
<b>Is the claim subject to offset?</b>	
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

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	<b>Amount of claim</b>
3.492 Nonpriority creditor's name and mailing address	\$803.54
<p>VERIZON P O BOX 15124 ALBANY, NY 12212-5124</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p>	
Date or dates debt was incurred	Various
Last 4 digits of account number	
3.493 Nonpriority creditor's name and mailing address	\$7.91
<p>VERIZON P.O. BOX 16801 NEWARK, NJ 07101-6801</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p>	
Date or dates debt was incurred	Various
Last 4 digits of account number	
3.494 Nonpriority creditor's name and mailing address	\$200.00
<p>VINCENTIAN HOUSE 331 WEST NECK ROAD SOUTHAMPTON, NY 11968</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p>	
Date or dates debt was incurred	Various
Last 4 digits of account number	
3.495 Nonpriority creditor's name and mailing address	\$975.41
<p>WB MASON, INC P O BOX 981101 BOSTON, MA 02298-1101</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p>	
Date or dates debt was incurred	Various
Last 4 digits of account number	
3.496 Nonpriority creditor's name and mailing address	\$ Undetermined
<p>WORKERS' COMPENSATION CLAIMANT 2020-2006131 ADDRESS ON FILE</p> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Workers Comp - Claim Number: 052770WC01</p>	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	

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**Amount of claim**

3.497	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2006155 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 034764WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.498	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2006170 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 035810WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.499	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2006206 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 039666WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.500	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2006213 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 042296WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.501	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2006235 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 028069WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.502	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2006265 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 034115WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.503	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2006270 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 033397WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.504	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2006277 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 038914WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.505	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2006298 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 031715WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.506	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2006303 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 032531WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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		<b>Amount of claim</b>
3.507	<b>Nonpriority creditor's name and mailing address</b>  WORKERS' COMPENSATION CLAIMANT 2020-2006310 ADDRESS ON FILE	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Workers Comp - Claim Number: 054611WC01	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<input type="checkbox"/> No <input type="checkbox"/> Yes	
3.508	<b>Nonpriority creditor's name and mailing address</b>  WORKERS' COMPENSATION CLAIMANT 2020-2006314 ADDRESS ON FILE	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Workers Comp - Claim Number: 036934WC01	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<input type="checkbox"/> No <input type="checkbox"/> Yes	
3.509	<b>Nonpriority creditor's name and mailing address</b>  WORKERS' COMPENSATION CLAIMANT 2020-2006315 ADDRESS ON FILE	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Workers Comp - Claim Number: 030242WC01	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<input type="checkbox"/> No <input type="checkbox"/> Yes	
3.510	<b>Nonpriority creditor's name and mailing address</b>  WORKERS' COMPENSATION CLAIMANT 2020-2006333 ADDRESS ON FILE	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Workers Comp - Claim Number: 014161WC01	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<input type="checkbox"/> No <input type="checkbox"/> Yes	
3.511	<b>Nonpriority creditor's name and mailing address</b>  WORKERS' COMPENSATION CLAIMANT 2020-2006398 ADDRESS ON FILE	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Workers Comp - Claim Number: 044298WC01	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<input type="checkbox"/> No <input type="checkbox"/> Yes	

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**Amount of claim**

3.512	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2006424 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Workers Comp - Claim Number: DRWC000534  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.513	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2006429 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Workers Comp - Claim Number: 027322WC01  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.514	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2006439 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Workers Comp - Claim Number: 048602WC01  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.515	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2006441 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Workers Comp - Claim Number: 050662WC01  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.516	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2006444 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Workers Comp - Claim Number: 045821WC01  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.517	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2006456 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 042682WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.518	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2006470 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 054996WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.519	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2006497 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 030964WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.520	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2006513 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 041505WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.521	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2006520 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 044508WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.522	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2006544 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 058328WC01
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.523	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2006545 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 040481WC01
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.524	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2006552 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 049401WC01
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.525	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2006569 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 037031WC01
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.526	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2006581 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: DRWC000688
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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		<b>Amount of claim</b>
3.527	<b>Nonpriority creditor's name and mailing address</b>  WORKERS' COMPENSATION CLAIMANT 2020-2006587 ADDRESS ON FILE	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Workers Comp - Claim Number: 043294WC01	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.528	<b>Nonpriority creditor's name and mailing address</b>  WORKERS' COMPENSATION CLAIMANT 2020-2006600 ADDRESS ON FILE	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Workers Comp - Claim Number: 040709WC01	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.529	<b>Nonpriority creditor's name and mailing address</b>  WORKERS' COMPENSATION CLAIMANT 2020-2006622 ADDRESS ON FILE	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Workers Comp - Claim Number: 051630WC01	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.530	<b>Nonpriority creditor's name and mailing address</b>  WORKERS' COMPENSATION CLAIMANT 2020-2006623 ADDRESS ON FILE	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Workers Comp - Claim Number: 040551WC01	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.531	<b>Nonpriority creditor's name and mailing address</b>  WORKERS' COMPENSATION CLAIMANT 2020-2006656 ADDRESS ON FILE	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Workers Comp - Claim Number: 054927WC01	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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3.532	<b>Nonpriority creditor's name and mailing address</b>  WORKERS' COMPENSATION CLAIMANT 2020-2006668 ADDRESS ON FILE	\$ Undetermined
		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>
		<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 043733WC01
<b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
3.533	<b>Nonpriority creditor's name and mailing address</b>  WORKERS' COMPENSATION CLAIMANT 2020-2006674 ADDRESS ON FILE	\$ Undetermined
		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>
		<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 051758WC01
<b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
3.534	<b>Nonpriority creditor's name and mailing address</b>  WORKERS' COMPENSATION CLAIMANT 2020-2006694 ADDRESS ON FILE	\$ Undetermined
		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>
		<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 059608WC01
<b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
3.535	<b>Nonpriority creditor's name and mailing address</b>  WORKERS' COMPENSATION CLAIMANT 2020-2006703 ADDRESS ON FILE	\$ Undetermined
		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>
		<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 055606WC01
<b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
3.536	<b>Nonpriority creditor's name and mailing address</b>  WORKERS' COMPENSATION CLAIMANT 2020-2006712 ADDRESS ON FILE	\$ Undetermined
		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>
		<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 006980WC01
<b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes

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	<b>Amount of claim</b>
3.537 Nonpriority creditor's name and mailing address	\$ Undetermined
WORKERS' COMPENSATION CLAIMANT 2020-2006721 ADDRESS ON FILE	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul>	
<b>Basis for the claim:</b> Workers Comp - Claim Number: 028897WC01	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.538 Nonpriority creditor's name and mailing address	\$ Undetermined
WORKERS' COMPENSATION CLAIMANT 2020-2006725 ADDRESS ON FILE	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul>	
<b>Basis for the claim:</b> Workers Comp - Claim Number: 024078WC01	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.539 Nonpriority creditor's name and mailing address	\$ Undetermined
WORKERS' COMPENSATION CLAIMANT 2020-2006733 ADDRESS ON FILE	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul>	
<b>Basis for the claim:</b> Workers Comp - Claim Number: 043403WC01	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.540 Nonpriority creditor's name and mailing address	\$ Undetermined
WORKERS' COMPENSATION CLAIMANT 2020-2006734 ADDRESS ON FILE	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul>	
<b>Basis for the claim:</b> Workers Comp - Claim Number: 030212WC01	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.541 Nonpriority creditor's name and mailing address	\$ Undetermined
WORKERS' COMPENSATION CLAIMANT 2020-2006762 ADDRESS ON FILE	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul>	
<b>Basis for the claim:</b> Workers Comp - Claim Number: 022827WC01	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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		<b>Amount of claim</b>
3.542	<b>Nonpriority creditor's name and mailing address</b>  WORKERS' COMPENSATION CLAIMANT 2020-2006771 ADDRESS ON FILE	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Workers Comp - Claim Number: 056044WC01	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<input type="checkbox"/> No <input type="checkbox"/> Yes	
3.543	<b>Nonpriority creditor's name and mailing address</b>  WORKERS' COMPENSATION CLAIMANT 2020-2006794 ADDRESS ON FILE	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Workers Comp - Claim Number: 037504WC01	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<input type="checkbox"/> No <input type="checkbox"/> Yes	
3.544	<b>Nonpriority creditor's name and mailing address</b>  WORKERS' COMPENSATION CLAIMANT 2020-2006795 ADDRESS ON FILE	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Workers Comp - Claim Number: 001069WC01	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<input type="checkbox"/> No <input type="checkbox"/> Yes	
3.545	<b>Nonpriority creditor's name and mailing address</b>  WORKERS' COMPENSATION CLAIMANT 2020-2006846 ADDRESS ON FILE	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Workers Comp - Claim Number: 043817WC01	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<input type="checkbox"/> No <input type="checkbox"/> Yes	
3.546	<b>Nonpriority creditor's name and mailing address</b>  WORKERS' COMPENSATION CLAIMANT 2020-2006850 ADDRESS ON FILE	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Workers Comp - Claim Number: 056097WC01	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<input type="checkbox"/> No <input type="checkbox"/> Yes	

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3.547	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2006903 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 038008WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.548	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2006908 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 042877WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.549	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2006931 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 045717WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.550	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2006932 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 046632WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.551	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2006940 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 017941WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.552	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2006942 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 045409WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.553	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2006943 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 039784WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.554	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2006952 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 055174WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.555	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2006957 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 025703WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.556	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2006967 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 058345WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.557	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2006992 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 038535WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.558	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2007004 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 000474WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.559	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2007009 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 044459WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.560	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2007011 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 046461WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.561	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2007012 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 043097WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.562	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2007016 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 000974WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.563	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2007025 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 022639WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.564	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2007027 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 043116WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.565	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2007032 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 002582WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.566	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2007036 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 022411WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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3.567	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2007054 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 042299WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.568	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2007064 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 037757WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.569	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2007085 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 053791WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.570	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2007091 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 010144WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.571	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2007114 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 040661WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.572	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2007125 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Workers Comp - Claim Number: 059550WC01 <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.573	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2007180 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Workers Comp - Claim Number: 041026WC01 <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.574	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2007182 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Workers Comp - Claim Number: 015786WC01 <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.575	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2007184 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Workers Comp - Claim Number: 050450WC01 <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.576	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2007198 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Workers Comp - Claim Number: 034893WC01 <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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	<b>Amount of claim</b>
3.577 Nonpriority creditor's name and mailing address	\$ Undetermined
WORKERS' COMPENSATION CLAIMANT 2020-2007199 ADDRESS ON FILE	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul>	
<b>Basis for the claim:</b> Workers Comp - Claim Number: 045642WC01	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.578 Nonpriority creditor's name and mailing address	\$ Undetermined
WORKERS' COMPENSATION CLAIMANT 2020-2007200 ADDRESS ON FILE	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul>	
<b>Basis for the claim:</b> Workers Comp - Claim Number: 038201WC01	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.579 Nonpriority creditor's name and mailing address	\$ Undetermined
WORKERS' COMPENSATION CLAIMANT 2020-2007220 ADDRESS ON FILE	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul>	
<b>Basis for the claim:</b> Workers Comp - Claim Number: 039209WC01	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.580 Nonpriority creditor's name and mailing address	\$ Undetermined
WORKERS' COMPENSATION CLAIMANT 2020-2007225 ADDRESS ON FILE	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul>	
<b>Basis for the claim:</b> Workers Comp - Claim Number: 042704WC01	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.581 Nonpriority creditor's name and mailing address	\$ Undetermined
WORKERS' COMPENSATION CLAIMANT 2020-2007238 ADDRESS ON FILE	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul>	
<b>Basis for the claim:</b> Workers Comp - Claim Number: 054138WC01	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.582	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2007240 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 000903WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.583	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2007243 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 020478WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.584	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2007257 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 041797WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.585	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2007299 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 052943WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.586	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2007303 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 014277WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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	<b>Amount of claim</b>
3.587 <b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
WORKERS' COMPENSATION CLAIMANT 2020-2007314 ADDRESS ON FILE	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 007253WC01	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.588 <b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
WORKERS' COMPENSATION CLAIMANT 2020-2007323 ADDRESS ON FILE	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 021234WC01	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.589 <b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
WORKERS' COMPENSATION CLAIMANT 2020-2007328 ADDRESS ON FILE	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 011076WC01	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.590 <b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
WORKERS' COMPENSATION CLAIMANT 2020-2007339 ADDRESS ON FILE	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 029218WC01	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.591 <b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
WORKERS' COMPENSATION CLAIMANT 2020-2007342 ADDRESS ON FILE	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 041721WC01	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.592	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2007350 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 023655WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.593	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2007353 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 030703WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.594	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2007365 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 039310WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.595	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2007378 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 041656WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.596	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2007385 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 052519WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.597	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2007388 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Workers Comp - Claim Number: 035453WC01 <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.598	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2007431 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Workers Comp - Claim Number: 044742WC01 <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.599	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2007435 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Workers Comp - Claim Number: 035295WC01 <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.600	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2007440 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Workers Comp - Claim Number: 042133WC01 <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.601	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2007441 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Workers Comp - Claim Number: 033945WC01 <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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3.602	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2007444 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 019170WC01
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.603	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2007454 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 045514WC01
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.604	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2007457 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 020908WC01
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.605	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2007470 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 045625WC01
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.606	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2007477 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 046405WC01
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes

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3.607	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2070328 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 048275WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.608	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2070335 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: DRWC000231
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.609	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2070347 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 055324WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.610	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2070367 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 051928WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.611	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2070370 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 052989WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.612	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2070407 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 053178WC01
	<b>Date or dates debt was incurred</b>	Undetermined
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.613	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2070421 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 049996WC01
	<b>Date or dates debt was incurred</b>	Undetermined
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.614	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2070445 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 058494WC01
	<b>Date or dates debt was incurred</b>	Undetermined
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.615	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2070466 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 051746WC01
	<b>Date or dates debt was incurred</b>	Undetermined
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.616	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2070516 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 052698WC01
	<b>Date or dates debt was incurred</b>	Undetermined
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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	<b>Amount of claim</b>
3.617 Nonpriority creditor's name and mailing address	\$ Undetermined
WORKERS' COMPENSATION CLAIMANT 2020-2070537 ADDRESS ON FILE	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul>	
<b>Basis for the claim:</b> Workers Comp - Claim Number: 051304WC01	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.618 Nonpriority creditor's name and mailing address	\$ Undetermined
WORKERS' COMPENSATION CLAIMANT 2020-2070564 ADDRESS ON FILE	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul>	
<b>Basis for the claim:</b> Workers Comp - Claim Number: 050230WC01	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.619 Nonpriority creditor's name and mailing address	\$ Undetermined
WORKERS' COMPENSATION CLAIMANT 2020-2070576 ADDRESS ON FILE	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul>	
<b>Basis for the claim:</b> Workers Comp - Claim Number: 048165WC01	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.620 Nonpriority creditor's name and mailing address	\$ Undetermined
WORKERS' COMPENSATION CLAIMANT 2020-2070591 ADDRESS ON FILE	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul>	
<b>Basis for the claim:</b> Workers Comp - Claim Number: 051731WC01	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.621 Nonpriority creditor's name and mailing address	\$ Undetermined
WORKERS' COMPENSATION CLAIMANT 2020-2070616 ADDRESS ON FILE	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul>	
<b>Basis for the claim:</b> Workers Comp - Claim Number: 054130WC01	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.622	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2070674 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 058540WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.623	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2070719 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 054798WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.624	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2070732 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 054444WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.625	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2070734 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 053566WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.626	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2070773 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 046689WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.627	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
WORKERS' COMPENSATION CLAIMANT 2020-2070778 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 050142WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.628	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
WORKERS' COMPENSATION CLAIMANT 2020-2070792 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 054037WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.629	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
WORKERS' COMPENSATION CLAIMANT 2020-2070802 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 055113WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.630	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
WORKERS' COMPENSATION CLAIMANT 2020-2070832 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 055109WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.631	<b>Nonpriority creditor's name and mailing address</b>	<u>\$ Undetermined</u>
WORKERS' COMPENSATION CLAIMANT 2020-2070849 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 058800WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.632	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2070864 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Workers Comp - Claim Number: 053439WC01 <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.633	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2070869 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Workers Comp - Claim Number: 058933WC01 <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.634	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2070890 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Workers Comp - Claim Number: 052394WC01 <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.635	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2070899 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Workers Comp - Claim Number: 058799WC01 <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.636	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2070916 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Workers Comp - Claim Number: 050141WC01 <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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3.637	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2070946 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: DRWC000798
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.638	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2070952 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 053634WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.639	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2070966 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 052236WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.640	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071004 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 053339WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.641	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071048 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 052574WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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3.642	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071068 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 058988WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.643	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071124 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 055646WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.644	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071125 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 051747WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.645	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071143 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 059626WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.646	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071149 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 052365WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.647	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071153 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 047055WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.648	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071165 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 058969WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.649	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071170 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 047968WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.650	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071178 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 055669WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.651	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071186 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: DRWC000750
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.652	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071190 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Workers Comp - Claim Number: 053340WC01 <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.653	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071194 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Workers Comp - Claim Number: 059511WC01 <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.654	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071216 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Workers Comp - Claim Number: 055747WC01 <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.655	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071224 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Workers Comp - Claim Number: 052338WC01 <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.656	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071242 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Workers Comp - Claim Number: 051366WC01 <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.657	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071270 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Workers Comp - Claim Number: 058810WC01  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.658	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071271 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Workers Comp - Claim Number: 048314WC01  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.659	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071308 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Workers Comp - Claim Number: DRWC000180  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.660	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071322 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Workers Comp - Claim Number: 058656WC01  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.661	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071331 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>		<b>Basis for the claim:</b> Workers Comp - Claim Number: DRWC000001  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.662	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071336 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 049172WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.663	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071352 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 051093WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.664	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071367 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 056099WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.665	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071374 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 049592WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.666	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071390 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 055789WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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		<b>Amount of claim</b>
3.667	<b>Nonpriority creditor's name and mailing address</b>  WORKERS' COMPENSATION CLAIMANT 2020-2071416 ADDRESS ON FILE	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Workers Comp - Claim Number: 049877WC01	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.668	<b>Nonpriority creditor's name and mailing address</b>  WORKERS' COMPENSATION CLAIMANT 2020-2071444 ADDRESS ON FILE	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Workers Comp - Claim Number: 051120WC01	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.669	<b>Nonpriority creditor's name and mailing address</b>  WORKERS' COMPENSATION CLAIMANT 2020-2071473 ADDRESS ON FILE	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Workers Comp - Claim Number: 050647WC01	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.670	<b>Nonpriority creditor's name and mailing address</b>  WORKERS' COMPENSATION CLAIMANT 2020-2071492 ADDRESS ON FILE	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Workers Comp - Claim Number: DRWC000490	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.671	<b>Nonpriority creditor's name and mailing address</b>  WORKERS' COMPENSATION CLAIMANT 2020-2071495 ADDRESS ON FILE	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Workers Comp - Claim Number: 051572WC01	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes

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		<b>Amount of claim</b>
3.672	<b>Nonpriority creditor's name and mailing address</b>  WORKERS' COMPENSATION CLAIMANT 2020-2071518 ADDRESS ON FILE	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Workers Comp - Claim Number: 054429WC01	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<input type="checkbox"/> No <input type="checkbox"/> Yes	
3.673	<b>Nonpriority creditor's name and mailing address</b>  WORKERS' COMPENSATION CLAIMANT 2020-2071537 ADDRESS ON FILE	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Workers Comp - Claim Number: 050867WC01	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<input type="checkbox"/> No <input type="checkbox"/> Yes	
3.674	<b>Nonpriority creditor's name and mailing address</b>  WORKERS' COMPENSATION CLAIMANT 2020-2071569 ADDRESS ON FILE	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Workers Comp - Claim Number: 055701WC01	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<input type="checkbox"/> No <input type="checkbox"/> Yes	
3.675	<b>Nonpriority creditor's name and mailing address</b>  WORKERS' COMPENSATION CLAIMANT 2020-2071573 ADDRESS ON FILE	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Workers Comp - Claim Number: DRWC000122	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<input type="checkbox"/> No <input type="checkbox"/> Yes	
3.676	<b>Nonpriority creditor's name and mailing address</b>  WORKERS' COMPENSATION CLAIMANT 2020-2071574 ADDRESS ON FILE	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Workers Comp - Claim Number: 054816WC01	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<input type="checkbox"/> No <input type="checkbox"/> Yes	

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	<b>Amount of claim</b>
3.677 <b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
WORKERS' COMPENSATION CLAIMANT 2020-2071588 ADDRESS ON FILE	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 051380WC01	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.678 <b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
WORKERS' COMPENSATION CLAIMANT 2020-2071589 ADDRESS ON FILE	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: DRWC000829	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.679 <b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
WORKERS' COMPENSATION CLAIMANT 2020-2071590 ADDRESS ON FILE	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 046627WC01	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.680 <b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
WORKERS' COMPENSATION CLAIMANT 2020-2071596 ADDRESS ON FILE	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 054129WC01	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.681 <b>Nonpriority creditor's name and mailing address</b>	\$ Undetermined
WORKERS' COMPENSATION CLAIMANT 2020-2071623 ADDRESS ON FILE	
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 049584WC01	
Date or dates debt was incurred	Undetermined
Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.682	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071628 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 047648WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.683	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071663 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 048468WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.684	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071685 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 047512WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.685	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071696 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: DRWC000620
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.686	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071713 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 046852WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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		<b>Amount of claim</b>
3.687	<b>Nonpriority creditor's name and mailing address</b>  WORKERS' COMPENSATION CLAIMANT 2020-2071747 ADDRESS ON FILE	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Workers Comp - Claim Number: 049142WC01	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.688	<b>Nonpriority creditor's name and mailing address</b>  WORKERS' COMPENSATION CLAIMANT 2020-2071791 ADDRESS ON FILE	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Workers Comp - Claim Number: 054826WC01	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.689	<b>Nonpriority creditor's name and mailing address</b>  WORKERS' COMPENSATION CLAIMANT 2020-2071794 ADDRESS ON FILE	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Workers Comp - Claim Number: DRWC000097	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.690	<b>Nonpriority creditor's name and mailing address</b>  WORKERS' COMPENSATION CLAIMANT 2020-2071811 ADDRESS ON FILE	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Workers Comp - Claim Number: DRWC001048	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.691	<b>Nonpriority creditor's name and mailing address</b>  WORKERS' COMPENSATION CLAIMANT 2020-2071840 ADDRESS ON FILE	\$ Undetermined
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Workers Comp - Claim Number: 053043WC01	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes

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**Amount of claim**

3.692	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071851 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 052563WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.693	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071869 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 046752WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.694	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071883 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 048317WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.695	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071887 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 048089WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.696	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071895 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
		<b>Basis for the claim:</b> Workers Comp - Claim Number: 047683WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.697	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071901 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 058998WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.698	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071905 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 049888WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.699	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071911 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 049591WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.700	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071922 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 055316WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.701	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071944 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Contingent</li> <li><input checked="" type="checkbox"/> Unliquidated</li> <li><input checked="" type="checkbox"/> Disputed</li> </ul> <b>Basis for the claim:</b> Workers Comp - Claim Number: 048192WC01
<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.702	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071955 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Workers Comp - Claim Number: 052155WC01
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.703	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071980 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Workers Comp - Claim Number: 051947WC01
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.704	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071990 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Workers Comp - Claim Number: 050124WC01
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.705	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071993 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Workers Comp - Claim Number: 050891WC01
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.706	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMANT 2020-2071998 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Workers Comp - Claim Number: 053746WC01
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Amount of claim**

3.707	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
WORKERS' COMPENSATION CLAIMAINT 2020-2072043 ADDRESS ON FILE		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>
		<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Basis for the claim:</b> Workers Comp - Claim Number: 048790WC01		
<b>Date or dates debt was incurred</b> Undetermined		<b>Is the claim subject to offset?</b>
		<input type="checkbox"/> No <input type="checkbox"/> Yes
3.708	<b>Nonpriority creditor's name and mailing address</b>	<b>\$ Undetermined</b>
ZILKHA RADIOLOGY, PC		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>
		<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
<b>Basis for the claim:</b> Insurance - Claim Number: DRC09676		
<b>Date or dates debt was incurred</b> Undetermined		<b>Is the claim subject to offset?</b>
		<input type="checkbox"/> No <input type="checkbox"/> Yes

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**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
1 ANONYMOUS KBR ATTN: STEPHAN H. PESKIN C/O: TOLMAGE, PESKIN, HARRIS, & FALICK 20 VESEY STREET, 7TH FLOOR NEW YORK, NY 10007	Line 5  <input type="checkbox"/> Not listed. Explain _____	
2 ANONYMOUS KBR ATTN: LEANDER L. JAMES IV, CRAIG VERNON C/O: JAMES, VERNON & WEEKS, P.A. 1626 LINCOLN WAY COEUR D'ALENE, ID 83815	Line 5  <input type="checkbox"/> Not listed. Explain _____	
3 ANONYMOUS KMG ATTN: PATRICK NOAKER C/O: PATRICK NOAKER, NOAKER LAW FIRM, LLC 1600 UTICA AVENUE S, 9TH FLOOR ST. LOUIS PARK, MN 55416	Line 6  <input type="checkbox"/> Not listed. Explain _____	
4 ANONYMOUS KMG ATTN: LEANDER L. JAMES IV, CRAIG VERNON C/O: JAMES, VERNON & WEEKS, P.A. 1626 LINCOLN WAY COEUR D'ALENE, ID 83815	Line 6  <input type="checkbox"/> Not listed. Explain _____	
5 ANONYMOUS MS ATTN: PATRICK NOAKER C/O: PATRICK NOAKER, NOAKER LAW FIRM, LLC 1600 UTICA AVENUE S, 9TH FLOOR ST. LOUIS PARK, MN 55416	Line 7  <input type="checkbox"/> Not listed. Explain _____	
6 ANONYMOUS MS ATTN: LEANDER L. JAMES IV, CRAIG VERNON C/O: JAMES, VERNON & WEEKS, P.A. 1626 LINCOLN WAY COEUR D'ALENE, ID 83815	Line 7  <input type="checkbox"/> Not listed. Explain _____	
7 ANONYMOUS PK ATTN: PATRICK NOAKER C/O: PATRICK NOAKER, NOAKER LAW FIRM, LLC 1600 UTICA AVENUE S, 9TH FLOOR ST. LOUIS PARK, MN 55416	Line 8  <input type="checkbox"/> Not listed. Explain _____	

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Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
8 ANONYMOUS PK ATTN: LEANDER L. JAMES IV, CRAIG VERNON C/O: JAMES, VERNON & WEEKS, P.A. 1626 LINCOLN WAY COEUR D'ALENE, ID 83815	Line 8  <input type="checkbox"/> Not listed. Explain _____	
9 ANONYMOUS RP ATTN: PATRICK NOAKER C/O: PATRICK NOAKER, NOAKER LAW FIRM, LLC 1600 UTICA AVENUE S, 9TH FLOOR ST. LOUIS PARK, MN 55416	Line 9  <input type="checkbox"/> Not listed. Explain _____	
10 ANONYMOUS RP ATTN: LEANDER L. JAMES IV, CRAIG VERNON C/O: JAMES, VERNON & WEEKS, P.A. 1626 LINCOLN WAY COEUR D'ALENE, ID 83815	Line 9  <input type="checkbox"/> Not listed. Explain _____	
11 ANONYMOUS SMR ATTN: STEPHAN H. PESKIN C/O: PESKIN, TOLMAGE, PESKIN, HARRIS & FALICK 20 VESEY STREET, 7TH FLOOR NEW YORK, NY 10007	Line 10  <input type="checkbox"/> Not listed. Explain _____	
12 ANONYMOUS SMR ATTN: LEANDER L. JAMES IV, CRAIG VERNON C/O: JAMES, VERNON & WEEKS, P.A. 1626 LINCOLN WAY COEUR D'ALENE, ID 83815	Line 10  <input type="checkbox"/> Not listed. Explain _____	
13 ARK3 DOE ATTN: RALPH DESIMONE C/O: DESIMONE & ASSOCIATES, LLC 745 FIFTH AVENUE, SUITE 500 NEW YORK, NY 10151	Line 44  <input type="checkbox"/> Not listed. Explain _____	
14 CLAIMANT 2020-2049046 C/O: EISENBERG & BAUM, LLP ATTN: ADRIANA ALCALDE, ESQ. 24 UNION SQUARE EAST NEW YORK, NY 10003	Line 431  <input type="checkbox"/> Not listed. Explain _____	
15 CLAIMANT 2020-2049048 C/O: CERTAIN & ZILBERG, LLC ATTN: GARY CERTAIN, ESQ. 488 MADISON AVENUE NEW YORK, NY 10022	Line 432  <input type="checkbox"/> Not listed. Explain _____	
16 F.C. ATTN: VINCENT NAPPO, ANELGA DOUMANIAN C/O: PFAU COCHRAN VERTETIS AMALA PLLC 31 HUDSON YARDS, 11TH FLOOR, SUITE 36 NEW YORK, NY 10001-2170	Line 102  <input type="checkbox"/> Not listed. Explain _____	
17 INSURANCE CLAIMANT 237 ADDRESS ON FILE	Line 153  <input type="checkbox"/> Not listed. Explain _____	

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Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
18 INSURANCE CLAIMANT 36 ADDRESS ON FILE	Line 192 <input type="checkbox"/> Not listed. Explain _____	
19 INSURANCE CLAIMANT 373 ADDRESS ON FILE	Line 196 <input type="checkbox"/> Not listed. Explain _____	
20 J.C. ATTN: VINCENT NAPPO, ANELGA DOUMANIAN C/O: PFAU COCHRAN VERTETIS AMALA PLLC 31 HUDSON YARDS, 11TH FLOOR, SUITE 36 NEW YORK, NY 10001-2170	Line 253 <input type="checkbox"/> Not listed. Explain _____	
21 PLAINTIFF 2020-1999348 ATTN: VINCENT NAPPO, ANELGA DOUMANIAN C/O: PFAU COCHRAN VERTETIS AMALA PLLC 31 HUDSON YARDS, 11TH FLOOR, SUITE 36 NEW YORK, NY 10001-2170	Line 426 <input type="checkbox"/> Not listed. Explain _____	
22 PLAINTIFF 2020-1999352 ATTN: GERARD J. SWEENEY C/O: SWEENEY, REICH & BOLZ, LLP 1981 MARCUS AVENUE, SUITE 200 LAKE SUCCESS, NY 11042	Line 322 <input type="checkbox"/> Not listed. Explain _____	
23 PLAINTIFF 2020-1999353 ATTN: VINCENT NAPPO, ANELGA DOUMANIAN C/O: PFAU COCHRAN VERTETIS AMALA PLLC 31 HUDSON YARDS, 11TH FLOOR, SUITE 36 NEW YORK, NY 10001-2170	Line 323 <input type="checkbox"/> Not listed. Explain _____	
24 PLAINTIFF 2020-1999354 ATTN: VINCENT NAPPO, ANELGA DOUMANIAN C/O: PFAU COCHRAN VERTETIS AMALA PLLC 31 HUDSON YARDS, 11TH FLOOR, SUITE 36 NEW YORK, NY 10001-2170	Line 324 <input type="checkbox"/> Not listed. Explain _____	
25 PLAINTIFF 2020-1999362 ATTN: GERARD J. SWEENEY C/O: SWEENEY, REICH & BOLZ, LLP 1981 MARCUS AVENUE, SUITE 200 LAKE SUCCESS, NY 11042	Line 326 <input type="checkbox"/> Not listed. Explain _____	
26 PLAINTIFF 2020-1999367 ATTN: GARY CERTAIN, MICHAEL ZILBERG C/O: CERTAIN & ZILBERG 488 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10022	Line 327 <input type="checkbox"/> Not listed. Explain _____	
27 PLAINTIFF 2020-1999372 ATTN: GARY CERTAIN C/O: CERTAIN & ZILBERG 488 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10022	Line 329 <input type="checkbox"/> Not listed. Explain _____	

Debtor

The Roman Catholic Diocese of Rockville Centre, New York  
Name

Case number (if known) 20-12345 (SCC)

**Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
28 PLAINTIFF 2020-1999381 ATTN: GARY CERTAIN C/O: CERTAIN & ZILBERG 488 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10022	Line 332 <input type="checkbox"/> Not listed. Explain _____	
29 PLAINTIFF 2020-1999382 ATTN: GERARD J. SWEENEY C/O: SWEENEY, REICH & BOLZ, LLP 1981 MARCUS AVENUE, SUITE 200 LAKE SUCCESS, NY 11042	Line 333 <input type="checkbox"/> Not listed. Explain _____	
30 PLAINTIFF 2020-1999393 ATTN: VINCENT NAPPO, ANELGA DOUMANIAN C/O: PFAU COCHRAN VERTETIS AMALA PLLC 31 HUDSON YARDS, 11TH FLOOR, SUITE 36 NEW YORK, NY 10001-2170	Line 335 <input type="checkbox"/> Not listed. Explain _____	
31 PLAINTIFF 2020-1999395 ATTN: MITCHELL GARABEDIAN, WILLIAM H. GORDON C/O: LAW OFFICES OF MITCHELL GARABEDIAN 100 STATE STREET, 6TH FLOOR BOSTON, MA 02109	Line 337 <input type="checkbox"/> Not listed. Explain _____	
32 PLAINTIFF 2020-1999400 ATTN: ANELGA DOUMANIAN, MICHAEL T. PFAU, JASON AMALA C/O: PFAU COCHRAN VERTETIS AMALA PLLC 31 HUDSON YARDS, 11TH FLOOR, SUITE 36 NEW YORK, NY 10001-2170	Line 338 <input type="checkbox"/> Not listed. Explain _____	
33 PLAINTIFF 2020-1999403 ATTN: ANELGA DOUMANIAN, MICHAEL T. PFAU, JASON AMALA C/O: PFAU COCHRAN VERTETIS AMALA PLLC 403 COLUMBIA STREET SUITE 500 SEATTLE, WA 98104	Line 338 <input type="checkbox"/> Not listed. Explain _____	
34 PLAINTIFF 2020-1999405 ATTN: MITCHELL GARABEDIAN, WILLIAM H. GORDON C/O: LAW OFFICES OF MITCHELL GARABEDIAN 100 STATE STREET, 6TH FLOOR BOSTON, MA 02109	Line 339 <input type="checkbox"/> Not listed. Explain _____	
35 PLAINTIFF 2020-1999419 ATTN: MITCHELL GARABEDIAN, WILLIAM H. GORDON C/O: LAW OFFICES OF MITCHELL GARABEDIAN 100 STATE STREET, 6TH FLOOR BOSTON, MA 02109	Line 343 <input type="checkbox"/> Not listed. Explain _____	
36 PLAINTIFF 2020-1999432 ATTN: VINCENT NAPPO, ANELGA DOUMANIAN C/O: PFAU COCHRAN VERTETIS AMALA PLLC 31 HUDSON YARDS, 11TH FLOOR, SUITE 36 NEW YORK, NY 10001-2170	Line 345 <input type="checkbox"/> Not listed. Explain _____	
37 PLAINTIFF 2020-1999433 ATTN: MITCHELL GARABEDIAN, WILLIAM H. GORDON C/O: LAW OFFICES OF MITCHELL GARABEDIAN 100 STATE STREET, 6TH FLOOR BOSTON, MA 02109	Line 346 <input type="checkbox"/> Not listed. Explain _____	

Debtor

The Roman Catholic Diocese of Rockville Centre, New York  
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**Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
38 PLAINTIFF 2020-1999438 ATTN: GARY CERTAIN, MICHAEL ZILBERG C/O: CERTAIN & ZILBERG 488 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10022	Line 347 <input type="checkbox"/> Not listed. Explain _____	
39 PLAINTIFF 2020-1999452 ATTN: VINCENT NAPPO, ANELGA DOUMANIAN C/O: PFAU COCHRAN VERTETIS AMALA PLLC 31 HUDSON YARDS, 11TH FLOOR, SUITE 36 NEW YORK, NY 10001-2170	Line 351 <input type="checkbox"/> Not listed. Explain _____	
40 PLAINTIFF 2020-1999458 ATTN: MITCHELL GARABEDIAN, WILLIAM H. GORDON C/O: LAW OFFICES OF MITCHELL GARABEDIAN 100 STATE STREET, 6TH FLOOR BOSTON, MA 02109	Line 352 <input type="checkbox"/> Not listed. Explain _____	
41 PLAINTIFF 2020-1999467 ATTN: GERARD J. SWEENEY C/O: SWEENEY, REICH & BOLZ, LLP 1981 MARCUS AVENUE, SUITE 200 LAKE SUCCESS, NY 11042	Line 356 <input type="checkbox"/> Not listed. Explain _____	
42 PLAINTIFF 2020-1999473 ATTN: MITCHELL GARABEDIAN, WILLIAM H. GORDON C/O: LAW OFFICES OF MITCHELL GARABEDIAN 100 STATE STREET, 6TH FLOOR BOSTON, MA 02109	Line 357 <input type="checkbox"/> Not listed. Explain _____	
43 PLAINTIFF 2020-1999488 ATTN: GARY CERTAIN C/O: CERTAIN & ZILBERG 488 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10022	Line 359 <input type="checkbox"/> Not listed. Explain _____	
44 PLAINTIFF 2020-1999501 ATTN: GERARD J. SWEENEY C/O: SWEENEY, REICH & BOLZ, LLP 1981 MARCUS AVENUE, SUITE 200 LAKE SUCCESS, NY 11042	Line 362 <input type="checkbox"/> Not listed. Explain _____	
45 PLAINTIFF 2020-1999507 ATTN: GERARD J. SWEENEY C/O: SWEENEY, REICH & BOLZ, LLP 1981 MARCUS AVENUE, SUITE 200 LAKE SUCCESS, NY 11042	Line 366 <input type="checkbox"/> Not listed. Explain _____	
46 PLAINTIFF 2020-1999509 ATTN: MITCHELL GARABEDIAN, WILLIAM H. GORDON C/O: LAW OFFICES OF MITCHELL GARABEDIAN 100 STATE STREET, 6TH FLOOR BOSTON, MA 02109	Line 371 <input type="checkbox"/> Not listed. Explain _____	
47 PLAINTIFF 2020-1999511 ATTN: GERARD J. SWEENEY C/O: SWEENEY, REICH & BOLZ, LLP 1981 MARCUS AVENUE, SUITE 200 LAKE SUCCESS, NY 11042	Line 369 <input type="checkbox"/> Not listed. Explain _____	

Debtor

The Roman Catholic Diocese of Rockville Centre, New York  
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Case number (if known) 20-12345 (SCC)

**Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
48 PLAINTIFF 2020-1999513 ATTN: RICHARD SWEENEY C/O: SWEENEY, REICH & BOLZ, LLP 1981 MARCUS AVENUE, SUITE 200 LAKE SUCCESS, NY 11042	Line 370  <input type="checkbox"/> Not listed. Explain _____	
49 PLAINTIFF 2020-1999517 ATTN: STEPHAN H. PESKIN C/O: TOLMAGE, PESKIN, HARRIS, & FALICK 20 VESEY STREET, 7TH FLOOR NEW YORK, NY 10007	Line 372  <input type="checkbox"/> Not listed. Explain _____	
50 PLAINTIFF 2020-1999518 ATTN: RICHARD SWEENEY C/O: SWEENEY, REICH & BOLZ, LLP 1981 MARCUS AVENUE, SUITE 200 LAKE SUCCESS, NY 11042	Line 373  <input type="checkbox"/> Not listed. Explain _____	
51 PLAINTIFF 2020-1999519 ATTN: MITCHELL GARABEDIAN, WILLIAM H. GORDON C/O: LAW OFFICES OF MITCHELL GARABEDIAN 100 STATE STREET, 6TH FLOOR BOSTON, MA 02109	Line 374  <input type="checkbox"/> Not listed. Explain _____	
52 PLAINTIFF 2020-1999520 ATTN: LEANDER L. JAMES IV, CRAIG VERNON C/O: JAMES, VERNON & WEEKS, P.A. 1626 LINCOLN WAY COEUR D'ALENE, ID 83815	Line 372  <input type="checkbox"/> Not listed. Explain _____	
53 PLAINTIFF 2020-1999524 ATTN: GARY CERTAIN C/O: CERTAIN & ZILBERG 488 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10022	Line 375  <input type="checkbox"/> Not listed. Explain _____	
54 PLAINTIFF 2020-1999526 ATTN: VINCENT NAPPO, ANELGA DOUMANIAN C/O: PFAU COCHRAN VERTETIS AMALA PLLC 31 HUDSON YARDS, 11TH FLOOR, SUITE 36 NEW YORK, NY 10001-2170	Line 376  <input type="checkbox"/> Not listed. Explain _____	
55 PLAINTIFF 2020-1999532 ATTN: ANELGA DOUMANIAN, MICHAEL T. PFAU, JASON AMALA C/O: PFAU COCHRAN VERTETIS AMALA PLLC 31 HUDSON YARDS, 11TH FLOOR, SUITE 36 NEW YORK, NY 10001-2170	Line 378  <input type="checkbox"/> Not listed. Explain _____	
56 PLAINTIFF 2020-1999533 ATTN: MITCHELL GARABEDIAN, WILLIAM H. GORDON C/O: LAW OFFICES OF MITCHELL GARABEDIAN 100 STATE STREET, 6TH FLOOR BOSTON, MA 02109	Line 379  <input type="checkbox"/> Not listed. Explain _____	
57 PLAINTIFF 2020-1999535 ATTN: ANELGA DOUMANIAN, MICHAEL T. PFAU, JASON AMALA C/O: PFAU COCHRAN VERTETIS AMALA PLLC 403 COLUMBIA STREET SUITE 500 SEATTLE, WA 98104	Line 378  <input type="checkbox"/> Not listed. Explain _____	

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Case number (if known) 20-12345 (SCC)

**Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
58 PLAINTIFF 2020-1999537 ATTN: VINCENT NAPPO, ANELGA DOUMANIAN C/O: PFAU COCHRAN VERTETIS AMALA PLLC 31 HUDSON YARDS, 11TH FLOOR, SUITE 36 NEW YORK, NY 10001-2170	Line 381  <input type="checkbox"/> Not listed. Explain _____	
59 PLAINTIFF 2020-1999539 ATTN: CHRISTOPHER HURLEY, EVAN SMOLA, MARK MCKENNA C/O: HURLEY MCKENNA & MERTZ P.C. 33 N. DEARBORN STREET, SUITE 1430 CHICAGO, IL 60602	Line 382  <input type="checkbox"/> Not listed. Explain _____	
60 PLAINTIFF 2020-1999541 ATTN: ANELGA DOUMANIAN, MICHAEL T. PFAU, JASON AMALA C/O: PFAU COCHRAN VERTETIS AMALA PLLC 31 HUDSON YARDS, 11TH FLOOR, SUITE 36 NEW YORK, NY 10001-2170	Line 383  <input type="checkbox"/> Not listed. Explain _____	
61 PLAINTIFF 2020-1999544 ATTN: ANELGA DOUMANIAN, MICHAEL T. PFAU, JASON AMALA C/O: PFAU COCHRAN VERTETIS AMALA PLLC 403 COLUMBIA STREET SUITE 500 SEATTLE, WA 98104	Line 383  <input type="checkbox"/> Not listed. Explain _____	
62 PLAINTIFF 2020-1999545 ATTN: VINCENT NAPPO, ANELGA DOUMANIAN C/O: PFAU COCHRAN VERTETIS AMALA PLLC 31 HUDSON YARDS, 11TH FLOOR, SUITE 36 NEW YORK, NY 10001-2170	Line 385  <input type="checkbox"/> Not listed. Explain _____	
63 PLAINTIFF 2020-1999549 ATTN: GARY CERTAIN C/O: CERTAIN & ZILBERG 488 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10022	Line 387  <input type="checkbox"/> Not listed. Explain _____	
64 PLAINTIFF 2020-1999554 ATTN: ANELGA DOUMANIAN, MICHAEL T. PFAU, JASON AMALA C/O: PFAU COCHRAN VERTETIS AMALA PLLC 31 HUDSON YARDS, 11TH FLOOR, SUITE 36 NEW YORK, NY 10001-2170	Line 388  <input type="checkbox"/> Not listed. Explain _____	
65 PLAINTIFF 2020-1999556 ATTN: ANELGA DOUMANIAN, MICHAEL T. PFAU, JASON AMALA C/O: PFAU COCHRAN VERTETIS AMALA PLLC 403 COLUMBIA STREET SUITE 500 SEATTLE, WA 98104	Line 388  <input type="checkbox"/> Not listed. Explain _____	
66 PLAINTIFF 2020-1999557 ATTN: VINCENT NAPPO, ANELGA DOUMANIAN C/O: PFAU COCHRAN VERTETIS AMALA PLLC 31 HUDSON YARDS, 11TH FLOOR, SUITE 36 NEW YORK, NY 10001-2170	Line 391  <input type="checkbox"/> Not listed. Explain _____	
67 PLAINTIFF 2020-1999562 ATTN: GERARD J. SWEENEY C/O: SWEENEY, REICH & BOLZ, LLP 1981 MARCUS AVENUE, SUITE 200 LAKE SUCCESS, NY 11042	Line 393  <input type="checkbox"/> Not listed. Explain _____	

Debtor

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**Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
68 PLAINTIFF 2020-1999564 ATTN: GARY CERTAIN C/O: CERTAIN & ZILBERG 488 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10022	Line 394  <input type="checkbox"/> Not listed. Explain _____	
69 PLAINTIFF 2020-1999569 ATTN: GARY CERTAIN C/O: CERTAIN & ZILBERG 488 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10022	Line 396  <input type="checkbox"/> Not listed. Explain _____	
70 PLAINTIFF 2020-1999575 ATTN: GARY CERTAIN C/O: CERTAIN & ZILBERG 488 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10022	Line 400  <input type="checkbox"/> Not listed. Explain _____	
71 PLAINTIFF 2020-1999581 ATTN: GARY CERTAIN C/O: CERTAIN & ZILBERG 488 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10022	Line 401  <input type="checkbox"/> Not listed. Explain _____	
72 PLAINTIFF 2020-1999582 ATTN: GARY CERTAIN C/O: CERTAIN & ZILBERG 488 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10022	Line 402  <input type="checkbox"/> Not listed. Explain _____	
73 PLAINTIFF 2020-1999583 ATTN: VINCENT NAPPO, ANELGA DOUMANIAN C/O: PFAU COCHRAN VERTETIS AMALA PLLC 31 HUDSON YARDS, 11TH FLOOR, SUITE 36 NEW YORK, NY 10001-2170	Line 403  <input type="checkbox"/> Not listed. Explain _____	
74 PLAINTIFF 2020-1999587 ATTN: RICHARD SWEENEY C/O: SWEENEY, REICH & BOLZ, LLP 1981 MARCUS AVENUE, SUITE 200 LAKE SUCCESS, NY 11042	Line 404  <input type="checkbox"/> Not listed. Explain _____	
75 PLAINTIFF 2020-1999592 ATTN: MITCHELL GARABEDIAN, WILLIAM H. GORDON C/O: LAW OFFICES OF MITCHELL GARABEDIAN 100 STATE STREET, 6TH FLOOR BOSTON, MA 02109	Line 407  <input type="checkbox"/> Not listed. Explain _____	
76 PLAINTIFF 2020-1999599 ATTN: GARY CERTAIN C/O: CERTAIN & ZILBERG 488 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10022	Line 412  <input type="checkbox"/> Not listed. Explain _____	
77 PLAINTIFF 2020-1999600 ATTN: ANELGA DOUMANIAN, MICHAEL T. PFAU, JASON AMALA C/O: PFAU COCHRAN VERTETIS AMALA PLLC 31 HUDSON YARDS, 11TH FLOOR, SUITE 36 NEW YORK, NY 10001-2170	Line 413  <input type="checkbox"/> Not listed. Explain _____	

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Case number (if known) 20-12345 (SCC)

**Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
78 PLAINTIFF 2020-1999601 ATTN: VINCENT NAPPO, ANELGA DOUMANIAN C/O: PFAU COCHRAN VERTETIS AMALA PLLC 31 HUDSON YARDS, 11TH FLOOR, SUITE 36 NEW YORK, NY 10001-2170	Line 414  <input type="checkbox"/> Not listed. Explain _____	
79 PLAINTIFF 2020-1999603 ATTN: ANELGA DOUMANIAN, MICHAEL T. PFAU, JASON AMALA C/O: PFAU COCHRAN VERTETIS AMALA PLLC 403 COLUMBIA STREET SUITE 500 SEATTLE, WA 98104	Line 413  <input type="checkbox"/> Not listed. Explain _____	
80 PLAINTIFF 2020-1999606 ATTN: RICHARD SWEENEY C/O: SWEENEY, REICH & BOLZ, LLP 1981 MARCUS AVENUE, SUITE 200 LAKE SUCCESS, NY 11042	Line 415  <input type="checkbox"/> Not listed. Explain _____	
81 PLAINTIFF 2020-1999608 ATTN: LAURA A. AHEARN C/O: LAURA A. AHEARN, ESQ. PLLC 3075 VETERAN'S MEMORIAL HWY., SUITE 200 RONKONKOMA, NY 11779	Line 415  <input type="checkbox"/> Not listed. Explain _____	
82 PLAINTIFF 2020-1999609 ATTN: ANELGA DOUMANIAN, MICHAEL T. PFAU, JASON AMALA C/O: PFAU COCHRAN VERTETIS AMALA PLLC 31 HUDSON YARDS, 11TH FLOOR, SUITE 36 NEW YORK, NY 10001-2170	Line 416  <input type="checkbox"/> Not listed. Explain _____	
83 PLAINTIFF 2020-1999611 ATTN: ANELGA DOUMANIAN, MICHAEL T. PFAU, JASON AMALA C/O: PFAU COCHRAN VERTETIS AMALA PLLC 403 COLUMBIA STREET SUITE 500 SEATTLE, WA 98104	Line 416  <input type="checkbox"/> Not listed. Explain _____	
84 PLAINTIFF 2020-1999615 ATTN: GARY CERTAIN C/O: CERTAIN & ZILBERG 488 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10022	Line 419  <input type="checkbox"/> Not listed. Explain _____	
85 PLAINTIFF 2020-1999616 ATTN: GERARD J. SWEENEY C/O: SWEENEY, REICH & BOLZ, LLP 1981 MARCUS AVENUE, SUITE 200 LAKE SUCCESS, NY 11042	Line 420  <input type="checkbox"/> Not listed. Explain _____	
86 PLAINTIFF 2020-1999623 ATTN: MICHAEL T. PFAU C/O: PFAU COCHRAN VERTETIS AMALA PLLC 403 COLUMBIA STREET SUITE 500 SEATTLE, WA 98104	Line 421  <input type="checkbox"/> Not listed. Explain _____	
87 PLAINTIFF 2020-1999628 ATTN: GARY CERTAIN C/O: CERTAIN & ZILBERG 488 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10022	Line 423  <input type="checkbox"/> Not listed. Explain _____	

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**Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
88 PLAINTIFF 2020-2001878 ATTN: GARY CERTAIN C/O: CERTAIN & ZILBERG 488 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10022	Line 427 <input type="checkbox"/> Not listed. Explain _____	
89 PLAINTIFF 2020-2014764 ATTN: GARY CERTAIN C/O: CERTAIN & ZILBERG 488 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10022	Line 429 <input type="checkbox"/> Not listed. Explain _____	
90 PLAINTIFF 2020-2014765 ATTN: WILLIAM GORDON, MITCHELL GARABEDIAN C/O: LAW OFFICES OF MITCHELL GARABEDIAN 100 STATE STREET, 6TH FLOOR BOSTON, MA 02109	Line 430 <input type="checkbox"/> Not listed. Explain _____	
91 S.T. ATTN: MICHAEL T. PFAU C/O: PFAU COCHRAN VERTETIS AMALA PLLC 403 COLUMBIA STREET SUITE 500 SEATTLE, WA 98104	Line 450 <input type="checkbox"/> Not listed. Explain _____	
92 SHC-MG-3 DOE ATTN: MITCHELL GARABEDIAN, WILLIAM H. GORDON C/O: LAW OFFICES OF MITCHELL GARABEDIAN 100 STATE STREET, 6TH FLOOR BOSTON, MA 02109	Line 452 <input type="checkbox"/> Not listed. Explain _____	

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The Roman Catholic Diocese of Rockville Centre, New York  
Name \_\_\_\_\_

Case number (if known) 20-12345 (SCC) \_\_\_\_\_

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

			<b>Total of claim amounts</b>
5a. Total claims from Part 1	5a.	\$	0.00
5b. Total claims from Part 2	5b.	\$	52,837.44 + undetermined amounts
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$	52,837.44 + undetermined amounts

**Fill in this information to identify the case:**

Debtor name The Roman Catholic Diocese of Rockville Centre, New York  
 United States Bankruptcy Court for the: Southern District of New York  
 Case number (If known): 20-12345 (SCC) Chapter 11

Check if this is an amended filing

**Official Form 206G**

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.1	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	Clergy Service Agreement  ADELPHI UNIVERSITY ONE SOUTH AVENUE PO BOX 701 GARDEN CITY, NY 11530-0701
2.2	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	Master Service Agreement And Amendment  ADP, INC. ATTN: GENERAL MANAGER 205 MAIN AVENUE CLIFTON, NJ 07014
2.3	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	HR Services Agreement  ADP, INC. ATTN: GENERAL MANAGER 10407 CENTURION PARKWAY NORTH JACKSONVILLE, FL 32256
2.4	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	Software License  ADVANCED ENTERPRISE TECHNOLOGIES INC. 225 STATE STREET MEDIA, PA 19063-1537
2.5	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	Sublicensing Agreement  ADVANCED ENTERPRISE TECHNOLOGIES INC. 225 STATE STREET MEDIA, PA 19063-1537

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The Roman Catholic Diocese of Rockville Centre, New York  
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**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.6	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining List the contract number of any government contract</p>	Vmware Subscription - Airwatch AIRWATCH 1155 PERIMETER CENTER WEST ATLANTA, GA30338
2.7	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining List the contract number of any government contract</p>	To Provide Administrative And Accounting Services ALL SAINTS REGIONAL SCHOOL 12 PEARSALL AVE. GLEN COVE, NY 11542
2.8	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining List the contract number of any government contract</p>	Insurance Policy: Property Insurance, 04/01/2020 - 04/01/2021: Policy #: 0311-7926-1N ALLIED WORLD NATIONAL ASSURANCE COMPANY 160 FEDERAL STREET, 6TH FLOOR BOSTON, MA 02110
2.9	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining List the contract number of any government contract</p>	Internet Service - Bishop's Residence ALTICE BUSINESS 200 JERICHO QUADRANGLE JERICHO, NY 11753
2.10	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining List the contract number of any government contract</p>	Internet Service - Department Of Education ALTICE BUSINESS 200 JERICHO QUADRANGLE JERICHO, NY 11753
2.11	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining List the contract number of any government contract</p>	Digital Roadmap Of Website AMERICAN EAGLE 275 MADISON AVENUE SUITE 1901 NEW YORK, NY 10016
2.12	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining List the contract number of any government contract</p>	Corporate Amex For Drvc AMERICAN EXPRESS TRAVEL RELATED SERVICES COMPANY, INC. AMERICA EXPRESS ADR C/O: CT CORPORATION SYSTEM 1118TH AVENUE NEW YORK, NY 10011

Debtor

The Roman Catholic Diocese of Rockville Centre, New York  
NameCase number (if known) 20-12345 (SCC)**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.13	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Insurance Program Acknowledgment Payroll Deduction</p>	AMERICAN FAMILY LIFE ASSURANCE COMPANY OF NEW YORK (AFLAC NEW YORK) ONE MARCUS BLVD. ALBANY, NY 12205	
2.14	<p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p> <p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Cell Tower Lease</p>	AMERICAN MESSAGING SERVICES, LLC - CENTRAL ISLIP TOWER 1720 LAKEPOINTE DRIVE, SUITE 100 LEWISVILLE, TX 75057	
2.15	<p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p> <p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Cell Tower Lease</p>	AMERICAN MESSAGING SERVICES, LLC - SYOSSET TOWER 1720 LAKEPOINTE DRIVE, SUITE 100 LEWISVILLE, TX 75057	
2.16	<p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p> <p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Partnership Agreement</p>	ARCHDIOCESE OF NEW YORK 1011 1ST AVENUE NEW YORK, NY 10022	
2.17	<p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p> <p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Insurance Policy: Property Insurance, 04/01/2020 - 04/01/2021; Policy #: PX00G7220</p>	ASPEN SPECIALTY INSURANCE COMPANY ADMINISTRATIVE OFFICE 175 CAPITAL BOULEVARD SUITE 300 ROCKY HILL, CT 06067	
2.18	<p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p> <p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>To Provide Administrative And Accounting Services</p>	ASSUMPTION BLESSED VIRGIN MARY RCC 20 CHESTNUT STREET CENTEREACH, NY 11720	
2.19	<p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p> <p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Companion Referrals</p>	AT HOME AGING, LTD. 142 MINEOLA BLVD. MINEOLA, NY 11501	
	<p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>		

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2.20	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Insurance Policy: Property Insurance, 04/01/2020 - 04/01/2021: Policy #: 01-B-XP-P00000192-1</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	ATEGRITY SPECIALTY INSURANCE COMPANY 15990 GREENWAY-HAYDEN LOOP SUITE D-160 SCOTTSDALE, AZ 85260
2.21	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Annual Subscription</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	AVAYA INC. P.O. BOX 5332 NEW YORK, NY 10087-5332
2.22	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Insurance Policy: Property Insurance, 04/01/2020 - 04/01/2021: Policy #: EAF636840-20</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	AXIS SURPLUS INSURANCE COMPANY 111 SOUTH WACKER DRIVE, SUITE 3500 CHICAGO, IL 60606
2.23	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>External Auditors</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	BAKER TILLY VIRCHOW KRAUSE LLP. 125 BAYLIS ROAD SUITE 300 MELVILLE, NY 11747-3800
2.24	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Credit Card Processing For DRVC Entities</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	BANK OF AMERICA/CLOVER/FISERV CLOVER NETWORK, INC ATTN: INVESTIGATIONS DEPT 415 NORTH MATHILDA SUNNYVALE, CA 94085
2.25	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Spam Firewall 300 Subscription Agreement</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	BARRACUDA 3175 WINCHESTER BLVD. CAMPBELL, CA 95008
2.26	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Message Archive 450 Subscription Agreement</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	BARRACUDA 3175 WINCHESTER BLVD. CAMPBELL, CA 95008

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2.27	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Insurance Policy: Excess DIC Liability Insurance (D&amp;O), 04/17/2020 - 04/17/2021: Policy #: BPRO8057631</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	BERKLEY INSURANCE COMPANY 475 STEAMBOAT ROAD GREENWICH, CT 06830
2.28	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Insurance Policy: Excess Liability, 11/01/2019 - 11/01/2020: Policy #: CUX09600545-06</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	BERKLEY NATIONAL INSURANCE COMPANY 215 SHUMAN BOULEVARD, SUITE 200 NAPERVILLE, IL 60563
2.29	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Unlimited-User Annual License Quote</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	BIDDLE CONSULTING GROUP, INC. ATTN: DANNY THOMPSON, ACCOUNT EXECUTIVE 193 BLUE RAVINE RD. SUITE 270 FOLSOM, CA 95630
2.30	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Test Genius Online OPAC First Year Annual Software License Expiration Date: March 19, 2021</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	BIDDLE CONSULTING GROUP, INC. 193 BLUE RAVINE RD. SUITE 270 FOLSOM, CA 95630
2.31	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>THF Donor Database Management</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	BLACKBAUD 2000 DANIEL ISLAND DRIVE CHARLESTON, SC 29492
2.32	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>To Provide Administrative And Accounting Services</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	BLESSED SACRAMENT RCC 201 N. CENTRAL AVENUE VALLEY STREAM, NY 11580
2.33	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Roman Catholic Diocese Of Rockville Centre Lay Pension Plan Trust Agreement</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	BOSTON SAFE DEPOSIT AND TRUST COMPANY ATTN: GARY MARRA THE BANK OF NEW YORK MELLON 135 SANTILLI HIGHWAY AIM 026-0017 EVERETT, MA 02149

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2.34	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Anti-Virus Software</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	BROADCOM \ EC AMERICA INC. 8444 WEST PARK DR SUITE 120 MCLEAN, VA 22102	
2.35	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Media Monitoring Services</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	BURRELLES INFORMATION SERVICES, LLC. 30B VREELAND ROAD FLORHAM PARK, NJ 07932	
2.36	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Copy Machines- IRADVC3525IV3 S Placed At 29 Quenly Place In Rockville Centre And IRADVC3525IV3 Placed At 440 West Neck Road I Huntington.</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	CANON SOLUTIONS AMERICA, INC. ATTN: CUSTOMER SERVICE DEPARTMENT 300 COMMERCE SQUARE BLVD. BURLINGTON, NJ 08016	
2.37	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Copy Machine- IRADVC55401V3 Located 50 North Park, 5th Floor, Rockville Centre</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	CANON SOLUTIONS AMERICA, INC. ATTN: CUSTOMER SERVICE DEPARTMENT 300 COMMERCE SQUARE BLVD. BURLINGTON, NJ 08016	
2.38	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Copy Machine- IRADVC5540IV2. For Central Vicariate Office, 125 Half Hollow Road In Deer Park</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	CANON SOLUTIONS AMERICA, INC. ATTN: CUSTOMER SERVICE DEPARTMENT 300 COMMERCE SQUARE BLVD. BURLINGTON, NJ 08016	
2.39	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Copy Machine- IRADVC5535IV2 At 50 North Park, 4th Floor, In Rockville Centre</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	CANON SOLUTIONS AMERICA, INC. ATTN: CUSTOMER SERVICE DEPARTMENT 300 COMMERCE SQUARE BLVD. BURLINGTON, NJ 08016	
2.40	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Copy Machine- IRADVC5560IV3, Education, 128 Cherry Lane In Hicksville</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	CANON SOLUTIONS AMERICA, INC. ATTN: CUSTOMER SERVICE DEPARTMENT 300 COMMERCE SQUARE BLVD. BURLINGTON, NJ 08016	

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2.41	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Equipment Lease</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>		CANON SOLUTIONS AMERICA, INC. ATTN: CUSTOMER SERVICE DEPARTMENT 300 COMMERCE SQUARE BLVD. BURLINGTON, NJ 08016
2.42	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Copy Machines- IRADVC5550IV2, IRADVC5535IV2, IRADVC5550IV2, IRADVC550IV2 IRADVC5535IV2,</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>		CANON SOLUTIONS AMERICA, INC. ATTN: CUSTOMER SERVICE DEPARTMENT 300 COMMERCE SQUARE BLVD. BURLINGTON, NJ 08016
2.43	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Copy Machine, IRADVC5550IV2- Western Vicariate- Williston Park</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>		CANON SOLUTIONS AMERICA, INC. ATTN: CUSTOMER SERVICE DEPARTMENT 300 COMMERCE SQUARE BLVD. BURLINGTON, NJ 08016
2.44	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Copy Machines- Worship IRADVC5550IV2, Western Vicariate IRADVC5550IV2, Seminary IRADVC5550IV2, Massapequa ARADVC5535IV2, Prison IRADVC5535IV2</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>		CANON SOLUTIONS AMERICA, INC. ATTN: CUSTOMER SERVICE DEPARTMENT 300 COMMERCE SQUARE BLVD. BURLINGTON, NJ 08016
2.45	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Credit Card Processing</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>		CARDCONNECT TELECHECK MERCHANT SERVICES MAIL STOP A-12 7301 PACIFIC STREET OHAMA, NE 68114
2.46	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Charitable Gift Annuity</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>		CARMELA MILDRED DISPIGNO ADDRESS ON FILE
2.47	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Treatment of AC/Heating Circulating Water</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>		CASCADE WATER SERVICES 113 BLOOMINGDALE ROAD HICKSVILLE, NY 11801

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2.48	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Nonprofit Employer Application For Membership</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	CATHOLIC BENEFITS ASSOCIATION 695 JERRY ST STE 306 CASTLE ROCK, CO 80104
2.49	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Administrative Services Agreement</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	CATHOLIC CEMETERIES OF THE ROMAN CATHOLIC DIOCESE OF ROCKVILLE CENTRE, INC. 111 OLD COUNTRY ROAD WESTBURY, NY 11590
2.50	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Building Lease - Office Space</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	CATHOLIC FAITH NETWORK F/K/A TELECARE OF THE DIOCESE OF ROCKVILLE CENTRE, INC. 1200 GLENN CURTISS BLVD. UNIONDALE, NY 11553
2.51	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Administrative Services Agreement</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	CATHOLIC FAITH NETWORK 1200 GLEN CURTISS BLVD. UNIONDALE, NY 11553
2.52	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Administrative Services Agreement</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	CATHOLIC HEALTH SYSTEM OF LONG ISLAND, INC. ATTN: PRESIDENT AND CEO 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570
2.53	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Administrative Services Agreement</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	CATHOLIC PRESS ASSOCIATION OF THE DIOCESE OF ROCKVILLE CENTRE, INC.
2.54	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Hosting Service For Quickbooks Used By Parish Services</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	CATHONET LLC. A/K/A RIGHT NETWORKS 20 TRAFALGAR SQUARE SUITE 413 NASHUA, NH 03063-1996

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2.55	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>NetApp Support Agreement</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	CDW GOVERNMENT 75 REMITTANCE DRIVE SUITE 1515 CHICAGO, IL 60675-1515
2.56	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Microsoft Open License</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	CDW
2.57	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Retainer For Town Of Islip Approvals</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	CERTILMAN BALIN ADLER & HYMAN LLC 100 MOTOR PARKWAY SUITE 560 HAUPPAUGE, NY 11788
2.58	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Credit Card Agreement</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	CHASE MERCHANT SERVICE LLC. 265 BROAD HOLLOW ROAD MELVILLE, NY 11747
2.59	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Credit Card Agreement</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	CHASE MERCHANT SERVICE LLC. 265 BROAD HOLLOW ROAD MELVILLE, NY 11747
2.60	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Credit Card Agreement</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	CHASE MERCHANT SERVICE LLC. 265 BROAD HOLLOW ROAD MELVILLE, NY 11747
2.61	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Insurance Policy: Business Travel Accident, 01/01/2009 - 01/01/2022: Policy #: 9907-93-00</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	CHUBB GROUP OF INSURANCE COMPANIES 202B HALL'S MILL ROAD P.O. BOX 1650 WHITEHOUSE STATION, NJ 08889-1650

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2.62	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Lease: Central Vicar Offices	CHURCH OF ST. PHILIP NERI 344 MAIN ST. NORTHPORT, NY 11768
2.63	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	General Banking Services	CITIBANK, N.A. ATTN: PABLO RAMIREZ CITI COMMERCIAL BANK 6400 LAS COLINAS BLVD IRVING, TX 75039
2.64	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Claims Management Services	CLAIMS SERVICE BUREAU OF NEW YORK, INC. 21 HEMPSTEAD AVENUE P.O. BOX 805 LYNBROOK, NY 11563
2.65	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Claims Management Services	CLAIMS SERVICE BUREAU OF NEW YORK, INC. 21 HEMPSTEAD AVENUE P.O. BOX 805 LYNBROOK, NY 11563
2.66	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Cell Tower Leases - Call Sign: KNZ67	CLEARWIRE SPECTRUM HOLDING III LLC. 1475 120TH AVENUE NE BELLEVUE, WA 98005
2.67	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Cell Tower Leases - Call Sign: KNZ68	CLEARWIRE SPECTRUM HOLDING III LLC. 1475 120TH AVENUE NE BELLEVUE, WA 98005
2.68	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Cell Tower Leases - Call Sign: KNZ65	CLEARWIRE SPECTRUM HOLDING III LLC. 1475 120TH AVENUE NE BELLEVUE, WA 98005

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2.69	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Cell Tower Leases - Call Sign: WHR845</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	CLEARWIRE SPECTRUM HOLDING III LLC. 1475 120TH AVENUE NE BELLEVUE, WA 98005
2.70	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Dedicated Internet Access</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	COGENT COMMUNICATIONS INC. 2454 NORTH STREET, NW WASHINGTON, DC 20037
2.71	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>To Provide Administrative And Accounting Services</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	CORPUS CHRISTI RCC 155 GARFIELD AVENUE MINEOLA, NY 11501
2.72	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Maintenance Contract</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	COUNTY ENERGY CONTROLS, INC. P.O. BOX 780 EAST QUOGUE, NY 11942
2.73	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Priest Chaplaincy Services</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	COUNTY OF SUFFOLK - SUFFOLK COUNTY CORRECTIONAL FACILITY 100 CENTER DRIVE RIVERHEAD, NY 11901
2.74	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Diocese Procurement Investigation</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	CROWE HORWATH LLP 225 WEST WACKER SUITE 2600 CHICAGO, IL 60606
2.75	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Insurance Policy: Property Insurance, 04/01/2020 - 04/01/2021; Policy #: PPP-910786</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	CRUM & FORSTER SPECIALTY INSURANCE COMPANY 305 MADISON AVENUE MORRISTOWN, NJ 07960

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List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.76	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Charitable Gift Annuity</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	DAVID ROST ADDRESS ON FILE
2.77	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Charitable Gift Annuity</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	DAVID ROST ADDRESS ON FILE
2.78	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Administrative Services Agreement</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	DEPARTMENT OF EDUCATION, DIOCESE OF ROCKVILLE CENTRE 128 CHERRY STREET HICKSVILLE, NY 11801
2.79	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Building Lease - Office Space</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	DIOCESAN SERVICE, INC. 253 SUNRISE HIGHWAY ROCKVILLE CENTRE, NY 11570
2.80	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Administrative Services Agreement</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	DIOCESAN SERVICES INC. 50 NORTH PARK AVENUE ROCKVILLE CENTRE, NY 11571
2.81	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Diocese Of Rockville Centre Health &amp; Welfare Benefits Program Document</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	DIOCESE OF ROCKVILLE CENTRE HEALTH & WELFARE BENEFITS PROGRAM C/O: DIOCESE OF ROCKVILLE CENTRE 50 NORTH PARK AVENUE ROCKVILLE CENTRE, NY 11570
2.82	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Plan Document: Diocese Of Rockville Centre Health Care And Other Assistance Plan For Retired And Disabled Diocesan Priests</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	DIOCESE OF ROCKVILLE CENTRE HEALTH CARE AND OTHER ASSISTANCE PLAN FOR RETIRED AND DISABLED DIOCESAN PRIESTS C/O: DIOCESE OF ROCKVILLE CENTRE 50 NORTH PARK AVENUE ROCKVILLE CENTRE, NY 11570

Debtor

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List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.83	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Plan Document: Diocese Of Rockville Centre Pension Plan  DIOCESE OF ROCKVILLE CENTRE PENSION PLAN C/O: DIOCESE OF ROCKVILLE CENTRE 50 NORTH PARK AVENUE ROCKVILLE CENTRE, NY 11570
2.84	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Plan Document: The Diocese Is The Plan Sponsor For The Diocese Of Rockville Centre Qualified Retirement Plan For Diocesan Priests.  DIOCESE OF ROCKVILLE CENTRE QUALIFIED RETIREMENT PLAN FOR DIOCESAN PRIESTS C/O: DIOCESE OF ROCKVILLE CENTRE 50 NORTH PARK AVENUE ROCKVILLE CENTRE, NY 11570
2.85	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Esignature Services  DOCUSIGN, INC. 221 MAIN STREET SUITE 1000 SAN FRANCISCO, CA 94105
2.86	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Lease - Retired Priest Housing  DOMINICAN VILLAGE 565 ALBANY AVE. AMITYVILLE, NY 11701
2.87	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Firewall Services  EARTHLINK BUSINESS LLC. ATTN: CORRESPONDENCE DIVISION 1720 GALLERIA BLVD. CHARLOTTE, NC 28270
2.88	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Administrative Services Agreement  ECCLESIA ASSURANCE COMPANY 50 NORTH PARK AVENUE ROCKVILLE CENTRE, NY 11571
2.89	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Insurance Policy: Crime & Liability, 11/01/2019 - 11/01/2020: Policy #: PKG-2019-1  ECCLESIA ASSURANCE COMPANY 50 NORTH PARK AVENUE ROCKVILLE CENTRE, NY 11570

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List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.90	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining List the contract number of any government contract</p>	Insurance Policy: Property Insurance, 04/01/2020 - 04/01/2021; Policy #: EX-PROP-2020-1  ECCLESIA ASSURANCE COMPANY 50 NORTH PARK AVENUE ROCKVILLE CENTRE, NY 11570
2.91	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining List the contract number of any government contract</p>	Insurance Policy: Excess Liability, 11/01/2019 - 11/01/2020; Policy #: EX-LIAB-2019-1  ECCLESIA ASSURANCE COMPANY 50 NORTH PARK AVENUE ROCKVILLE CENTRE, NY 11570
2.92	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining List the contract number of any government contract</p>	Insurance Policy: Fiduciary Liability - Retention Reimbursement, 03/01/2020 - 03/01/2021; Policy #: RR-FIDLIAB-2020-1  ECCLESIA ASSURANCE COMPANY 50 NORTH PARK AVENUE ROCKVILLE CENTRE, NY 11570
2.93	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining List the contract number of any government contract</p>	Insurance Policy: Flood Insurance, 04/01/2020 - 04/01/2021; Policy #: PROP-2020-1  ECCLESIA ASSURANCE COMPANY 50 NORTH PARK AVENUE ROCKVILLE CENTRE, NY 11570
2.94	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining List the contract number of any government contract</p>	Charitable Gift Annuity  ELIZABETH LEWIS ADDRESS ON FILE
2.95	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining List the contract number of any government contract</p>	Charitable Gift Annuity  ELIZABETH LEWIS ADDRESS ON FILE
2.96	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining List the contract number of any government contract</p>	Charitable Gift Annuity  EMIL A. WCELA ADDRESS ON FILE

Debtor

The Roman Catholic Diocese of Rockville Centre, New York  
NameCase number (if known) 20-12345 (SCC)**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.97	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Charitable Gift Annuity</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	EMIL A. WCELA ADDRESS ON FILE
2.98	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Group Insurance Benefits A Renewed Insurance Program For Diocese Of Rockville Centre</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	EMPIRE BLUE CROSS BLUE SHIELD ATTN: SCOTT RAGATZ, DIRECTOR OF SALES 14 WALL STREET NEW YORK, NY 10005
2.99	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Stop Loss Policy</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	EMPIRE HEALTHCHOICE ASSURANCE, INC. DBA EMPIRE BLUESHIELD ("EMPIRE")
2.100	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Stop Loss Policy</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	EMPIRE HEALTHCHOICE ASSURANCE, INC. DBA EMPIRE BLUESHIELD ("EMPIRE")
2.101	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Insurance Policy: Excess Liability, 11/01/2019 - 11/01/2020: Policy #: EXC30000024304</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	ENDURANCE AMERICAN INSURANCE COMPANY 1221 AVENUE OF THE AMERICAS NEW YORK, NY 10020
2.102	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Insurance Policy: Property Insurance, 04/01/2020 - 04/01/2021: Policy #: ESP300001621200</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	ENDURANCE AMERICAN SPECIALTY INSURANCE COMPANY 1221 AVENUE OF THE AMERICAS NEW YORK, NY 10020
2.103	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Administrative Services Agreement</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	EPIQ CORPORATE RESTRUCTURING, LLC 777 THIRD AVENUE, 12TH FLOOR NEW YORK, NY 10017

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List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.104	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Insurance Policy: Property Insurance, 04/01/2020 - 04/01/2021; Policy #: CA3P006358-201</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	EVEREST INDEMNITY INSURANCE COMPANY 477 MARTINSVILLE ROAD P.O. BOX 830 LIBERTY CORNER, NJ 07938-0830
2.105	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Gas Card Agreement</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	EXXON FLEET CARD SERVICES P.O. BOX 6404 SIOUX FALLS, SD 57117-6404
2.106	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Insurance Policy: Property Insurance - Equipment Breakdown, 04/01/2020 - 04/01/2021; Policy #: 7644-14-65</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	FEDERAL INSURANCE COMPANY C/O CHUBB GROUP OF INSURANCE COMPANIES 202B HALL'S MILL ROAD WHITEHOUSE STATION, NJ 08889
2.107	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Snow Removal Agreement</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	GENERAL LANDSCAPING EMERGENCY SNOW REMOVAL 20 LONG DRIVE HEMPSTEAD, NY 11550-4708
2.108	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Cell Tower Lease</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	GEO BROADCAST SOLUTIONS, LLC - SYOSSET TOWER 875 NORTH MICHIGAN AVENUE, SUITE 3708 CHICAGO, IL 60611
2.109	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>To Provide Administrative And Accounting Services</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	GERALD J. RYAN OUTREACH CTR. 1434 STRAIGHT PATH WYANDANCH, NY 11798
2.110	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Retention - Advisory Committee</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	GOLDIN ASSOCIATES 350 FIFTH AVENUE NEW YORK, NY 10018

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List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.111	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Insurance Policy: Crime, 11/01/2019 - 11/01/2020: Policy #: SAA 5479782 16</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	GREAT AMERICAN INSURANCE COMPANY 301 E. FOURTH ST. CINCINNATI, OH 45202
2.112	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Insurance Policy: Auto, 09/01/2020 - 09/01/2021: Policy #: 1829-842</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	GUIDEONE MUTUAL INSURANCE COMPANY 1111ASHWORTH ROAD WEST DES MOINES, IA 50265-3538
2.113	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Insurance Policy: Property Insurance, 04/01/2020 - 04/01/2021: Policy #: 73PRX20A557</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	HALLMARK SPECIALTY INSURANCE COMPANY TWO LINCOLN CENTER 5420 LYNDON B JOHNSON FREEWAY, SUITE1100 DALLAS, TX 75240-2345
2.114	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Insurance Policy: Cyber, 11/01/2019 - 11/01/2020: Policy #: SCYLD2511920000</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	HDI SPECIALTY INSURANCE COMPANY 161 NORTH CLARK STREET,48TH FLOOR CHICAGO, IL 60601
2.115	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>HireRight Services Agreement And Addendum To Services Agreement (Credit &amp; SSN Trace Services)</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	HIRERIGHT SOLUTIONS, INC. ATTN: TIM M. WILLIS, VP DIRECTOR OF CONTRACTS 4500 SOUTH 129TH EAST AVENUE SUITE 200 TULSA, OK 74134-5885
2.116	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>To Provide Administrative And Accounting Services</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	HOLY ANGELS REGIONAL SCHOOL 1 DIVISION STREET PATCHOGUE, NY 11772
2.117	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>To Provide Administrative And Accounting Services</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	HOLY FAMILY REGIONAL SCHOOL 2 INDIAN HEAD ROAD COMMACK, NY 11725

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2.118	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	To Provide Administrative And Accounting Services	HOLY NAME OF MARY RCC 55 E. JAMAICA AVENUE VALLEY STREAM, NY 11580
2.119	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	To Provide Administrative And Accounting Services	HOLY SPIRIT RCC 16 SOUTH SIXTH STREET NEW HYDE PARK, NY 11040
2.120	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	Credit Card For DRVC	HOME DEPOT PO BOX 6405 SIOUX FALLS, SD 57117-6405
2.121	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	Car Lease	INFINITI OF LYNBROOK 843 SUNRISE HIGHWAY LYNBROOK, NY 11563
2.122	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	Insurance Policy: Excess Fiduciary Liability, 10/31/2019 - 10/31/2020: Policy #: 002235505	INRONSHORE INDEMNITY, INC. 175 BERKELEY STREET BOSTON, MA 02116
2.123	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	Insurance Policy: Property Insurance, 04/01/2020 - 04/01/2021: Policy #: USZ000255201	INTERSTATE FIRE & CASUALTY COMPANY 225 W. WASHINGTON STREET SUITE 1800 CHICAGO, IL 60606-3484
2.124	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	Environmental Consultants	J.C. BRODERICK AND ASSOCIATES INC. 1775 EXPRESSWAY NORTH HAUPPAUGE, NY 11788

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2.125	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Engagement Letter - Dated 7/15/2019</p>	JACKSON LEWIS, P.C. 58 S SERVICE RD SUITE 250 MELVILLE, NY 11747
2.126	<p>State the term remaining</p> <p>List the contract number of any government contract</p> <p>Engagement Letter - Dated 12/23/2019</p>	JACKSON LEWIS, P.C. 58 S SERVICE RD SUITE 250 MELVILLE, NY 11747
2.127	<p>State the term remaining</p> <p>List the contract number of any government contract</p> <p>Engagement Letter - Dated 5/21/2020</p>	JACKSON LEWIS, P.C. 58 S SERVICE RD SUITE 250 MELVILLE, NY 11747
2.128	<p>State the term remaining</p> <p>List the contract number of any government contract</p> <p>Engagement Letter - Dated 9/14/2018</p>	JACKSON LEWIS, P.C. 58 S SERVICE RD SUITE 250 MELVILLE, NY 11747
2.129	<p>State the term remaining</p> <p>List the contract number of any government contract</p> <p>Engagement Letter - Dated 5/6/2019</p>	JACKSON LEWIS, P.C. 58 S SERVICE RD SUITE 250 MELVILLE, NY 11747
2.130	<p>State the term remaining</p> <p>List the contract number of any government contract</p> <p>Engagement Letter - Dated 7/1/2019</p>	JACKSON LEWIS, P.C. 58 S SERVICE RD SUITE 250 MELVILLE, NY 11747
2.131	<p>State the term remaining</p> <p>List the contract number of any government contract</p> <p>Engagement Letter - Dated 3/10/2020</p>	JACKSON LEWIS, P.C. 58 S SERVICE RD SUITE 250 MELVILLE, NY 11747

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2.132	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Engagement Letter - Dated 6/10/2020</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	JACKSON LEWIS, P.C. 58 S SERVICE RD SUITE 250 MELVILLE, NY 11747
2.133	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Engagement Letter - Dated 6/8/2020</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	JACKSON LEWIS, P.C. 58 S SERVICE RD SUITE 250 MELVILLE, NY 11747
2.134	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Engagement Letter - Dated 6/8/2020</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	JACKSON LEWIS, P.C. 58 S SERVICE RD SUITE 250 MELVILLE, NY 11747
2.135	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Engagement Letter - Dated 7/1/2019</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	JACKSON LEWIS, P.C. 58 S SERVICE RD SUITE 250 MELVILLE, NY 11747
2.136	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Hosting Fee For Idrive Agreement</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	JMT CONSULTING 2200-2202 ROUTE 22 PATTERSON, NY 12563
2.137	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Charitable Gift Annuity</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	JOHN J. FITZGERALD ADDRESS ON FILE
2.138	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Restructuring Advice Supplemental Engagement Letter</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	JONES DAY 250 VESEY STREET NEW YORK, NY 10281-1047

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2.139	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Charitable Gift Annuity</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	JOSEPH DISPINO ADDRESS ON FILE
2.140	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>General Banking Services Provided</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	JPMORGAN CHASE ATTN: EMILY SULLIVAN 4 NEW YORK PLAZA 17TH FLOOR NEW YORK, NY 10004
2.141	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Car Lease</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	KARP AUTOMOTIVE 392 SUNRISE HIGHWAY ROCKVILLE CENTRE, NY 11570
2.142	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Car Lease</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	KARP AUTOMOTIVE 392 SUNRISE HIGHWAY ROCKVILLE CENTRE, NY 11570
2.143	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Car Lease</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	KARP AUTOMOTIVE 392 SUNRISE HIGHWAY ROCKVILLE CENTRE, NY 11570
2.144	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Insurance Policy: Property Insurance, 04/01/2020 - 04/01/2021: Policy #: 0100111470-0</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	KINSALE INSURANCE COMPANY 2221 EDWARD HOLLAND DRIVE, SUITE 600 RICHMOND, VA23230
2.145	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Insurance Policy: Property Insurance, 04/01/2020 - 04/01/2021: Policy #: LHD912491</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LANDMARK AMERICAN INSURANCE COMPANY 945 EAST PACES FERRY ROAD SUITE 1800 ATLANTA, GA30326-1160

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List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.146	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Insurance Policy: Excess Liability, 11/01/2019 - 11/01/2020; Policy #: 1000320916-02</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	LIBERTY SURPLUS INSURANCE CORPORATION 175 BERKELEY STREET BOSTON, MA 02116
2.147	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Engineering And Architectural Support</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	LIRO PROGRAM AND CONSTRUCTION MANAGEMENT, PE P.C. 3 AERIAL WAY SYOSETT, NY 11791
2.148	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Priest Chaplaincy Services</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	LONG ISLAND HOME 400 SUNRISE HIGHWAY AMITYVILLE, NY 11701
2.149	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Insurance Policy: Excess Fiduciary Liability, 10/31/2019 - 10/31/2020; Policy #: MKLC1MXM000067</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	MARTEL INSURANCE COMPANY TEN PARKWAY NORTH DEERFIELD, IL 60015
2.150	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Insurance Policy: Excess Fiduciary Liability, 10/31/2019 - 10/31/2020; Policy #: MKLC1MXM000066</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	MARTEL INSURANCE COMPANY TEN PARKWAY NORTH DEERFIELD, IL 60015
2.151	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>To Provide Administrative And Accounting Services</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	MARY IMMACULATE RCC 16 BROWN'S LANE BELLPORT, NY 11713
2.152	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Diocesan Priest Retirement Trust Agreement</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	MELLON TRUST OF NEW ENGLAND, N.A. ATTN: GARY MARRA THE BANK OF NEW YORK MELLON 135 SANTILLI HIGHWAY AIM 026-0017 EVERETT, MA 02149

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2.153	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Engagement Letter Agreement  MERCER ATTN: RICHARD C. SANDERS, ASA, EA PARTNER 1 UNIVERSITY SQUARE DRIVE SUITE 100 PRINCETON, NJ 08540
2.154	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Statement Of Work "Sow"  MERCER ATTN: RICHARD C. SANDERS, ASA, EA PARTNER 1 UNIVERSITY SQUARE DRIVE SUITE 100 PRINCETON, NJ 08540
2.155	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Credit Card Processing For DRVC Entities  MERCHANT PRO EXPRESS 1305 WALT WHITMAN ROAD SUITE 320 MELVILLE, NY 11747
2.156	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Cell Tower Lease  METROPCS NEW YORK, LLC - SYOSSET TOWER 5 SKYLINE DRIVE HAWTHORNE, NY 10532
2.157	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Administrative Services Agreement  MISSION ASSISTANCE CORPORATION 50 NORTH PARK AVENUE ROCKVILLE CENTRE, NY 11571
2.158	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	To Provide Administrative And Accounting Services  MOST HOLY TRINITY RCC 57 BUELL LANE EAST HAMPTON, NY 11937
2.159	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Charitable Gift Annuity  MR. & MRS. RICHARD MAZUR 72 EAST RAMPASTURE ROAD HAMPTON BAYS, NY 11946

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2.160	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>403(B) Thrift Plan Employer No. 095-000-B</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>		MUTUAL OF AMERICA ATTN: WILLIAM ROSE, SENIOR EXECUTIVE VICE PRESIDENT AND CHIEF MARKETING OFFICER 320 PARK AVENUE NEW YORK, NY 10022-6839
2.161	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Tax Deferred Group Annuity Contract</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>		MUTUAL OF AMERICA 320 PARK AVENUE NEW YORK, NY 10022-6839
2.162	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Resolution Of The Trustees Of Roman Catholic Church Diocese Of Rockville Centre To Establish A 403(B) Thrift Plan</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>		MUTUAL OF AMERICA 320 PARK AVENUE NEW YORK, NY 10022-6839
2.163	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Priest Chaplaincy Services</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>		NASSAU COUNTY DEPARTMENT OF HUMAN HEALTH 100 CARMAN AVENUE EAST MEADOW, NY 11554
2.164	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Cell Tower Lease</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>		NASSAU COUNTY POLICE - SYOSSET TOWER ONE WEST STREET MINEOLA, NY 11501
2.165	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Priest Chaplaincy Services</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>		NASSAU HEALTH CARE CORPORATION A/K/A NUHEALTH 2201 HEMPSTEAD TURNPIKE EAST MEADOW, NY 11554
2.166	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Virtus Training</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>		NATIONAL CATHOLIC SERVICE, LLC. 801 WARRENVILLE ROAD SUITE 175 LISLE, IL 60532

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2.167	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Memorandum Of Agreement</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	NATIONAL EMPLOYEE ASSISTANCE PROVIDERS, INC. ATTN: AOIFA O'DONNELL, LCSW, SAP / CHIEF EXECUTIVE OFFICER 490 WHEELER ROAD SUITE 102 HAUPPAUGE, NY 11788
2.168	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Insurance Policy: Excess Fiduciary Liability, 10/31/2019 - 10/31/2020: Policy #: 02-340-88-12</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA 175 WATER STREET NEW YORK, NY 10038
2.169	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Ethics And Compliance</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	NAVEX GLOBAL 5500 MEADOWS ROAD SUITE 500 LAKE OSWEGO, OR 97035
2.170	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Insurance Policy: Excess Liability, 11/01/2019 - 11/01/2020: Policy #: NY19EXC741046IV</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	NAVIGATORS INSURANCE COMPANY ONE PENN PLAZA NEW YORK, NY 10119
2.171	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Claims Services</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	NETWORK ADJUSTERS, INC. 850 FULTON STREET P.O. BOX 9035 FARMINGDALE, NY 11735
2.172	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Aerohive License Agreement</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	NETWORK OUTSOURCE 135 DENTON AVENUE NEW HYDE PARK, NY 11040
2.173	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Deliver &amp; Install Datto</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	NETWORK OUTSOURCE 135 DENTON AVENUE NEW HYDE PARK, NY 11040

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2.174	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Provide Network Support Services  NETWORK OUTSOURCE 135 DENTON AVENUE NEW HYDE PARK, NY 11040
2.175	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Cloud Phones Services  NETWORK OUTSOURCE 135 DENTON AVENUE NEW HYDE PARK, NY 11040
2.176	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Watchguard Security Suite - Massapequa  NETWORK OUTSOURCE 135 DENTON AVENUE NEW HYDE PARK, NY 11040
2.177	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Watchguard Security Suite - DRVC  NETWORK OUTSOURCE 135 DENTON AVENUE NEW HYDE PARK, NY 11040
2.178	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Communications Site Lease Agreement  NEW CINGULAR WIRELESS PCS, LLC 6100 ATLANTIC BLVD. NORCROSS, GA 30071
2.179	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Building And Rooftop Lease Agreement  NEW YORK SMSA LIMITED PARTNERSHIP D/B/A VERIZON ONE VERIZON WAY MAILSTOP: 4AW100 BASKING RIDGE, NJ 07920
2.180	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Insurance Policy: Workers' Compensation, 01/01/2020 - 01/01/2021: Policy #: H2179 620-6  NEW YORK STATE INSURANCE FUND C/O THE STATE INSURANCE FUND 199 CHURCH STREET NEW YORK, NY 10007

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2.181	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining List the contract number of any government contract</p>	Communications Site Lease Agreement NEXTEL OF NEW YORK, INC. 1 NORTH BROADWAY WHITE PLAINS, NY 10601
2.182	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining List the contract number of any government contract</p>	Charitable Gift Annuity NORINE D. ZWIEBEL ADDRESS ON FILE
2.183	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining List the contract number of any government contract</p>	To Provide Administrative And Accounting Services NORTH FORK PARISH OUTREACH P.O. BOX 584 GREENPORT, NY 11944
2.184	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining List the contract number of any government contract</p>	Priest Chaplaincy Services NORTHWELL 179 MARCUS AVENUE LAKE SUCCESS, NY 11042
2.185	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining List the contract number of any government contract</p>	Priest Chaplaincy Services NYU LANGONE HEALTH 555 FIRST AVENUE NEW YORK, NY 10016
2.186	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining List the contract number of any government contract</p>	Prescription Drug Benefit Administration Agreement OPTUMRX, INC. ATTN: VICE PRESIDENT, CLIENT MANAGEMENT 2300 MAIN STREET IRVINE, CA 92614
2.187	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining List the contract number of any government contract</p>	Independent Advisory Committee Agreement OTTERBOURG 230 PARK AVENUE NEW YORK, NY 10169

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2.188	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>To Provide Administrative And Accounting Services</p>	OUR LADY OF FATIMA RCC 6 COTTONWOOD ROAD MANORHAVEN, NY 11050
2.189	<p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p> <p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>To Provide Administrative And Accounting Services</p>	OUR LADY OF GRACE RCC 666 ALBIN AVENUE WEST BABYLON, NY 11704
2.190	<p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p> <p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>To Provide Administrative And Accounting Services</p>	OUR LADY OF LORETTO RCC 104 GREENWICH STREET HEMPSTEAD, NY 11550
2.191	<p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p> <p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>To Provide Administrative And Accounting Services</p>	OUR LADY OF LOURDES RCC 65 WRIGHT AVENUE MALVERNE, NY 11565
2.192	<p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p> <p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>To Provide Administrative And Accounting Services</p>	OUR LADY OF LOURDES RCC 455 HUNTER AVE. WEST ISLIP, NY 11795
2.193	<p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p> <p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Lease Office Space For Parish Services</p>	OUR LADY OF LOURDES 855 CARMANS ROAD MASSAPEQUA PARK, NY 11762
2.194	<p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p> <p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>To Provide Administrative And Accounting Services</p>	OUR LADY OF MERCY RCC 500 S. OYSTER BAY ROAD HICKSVILLE, NY 11801

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2.195	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	To Provide Administrative And Accounting Services  OUR LADY OF MIRACULOUS MEDAL RCC 1434 STRAIGHT PATH WYANDANCH, NY 11798
2.196	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	To Provide Administrative And Accounting Services  OUR LADY OF OSTRABRAMA RCC P.O. BOX 997 CUTCHOGUE, NY 11935-0997
2.197	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	To Provide Administrative And Accounting Services  OUR LADY OF PEACE RCC 25 FOWLER AVENUE LYN BROOK, NY 11563
2.198	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	To Provide Administrative And Accounting Services  OUR LADY OF PERPETUAL HELP RCC 210 S. WELLWOOD AVENUE LINDENHURST, NY 11757
2.199	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	To Provide Administrative And Accounting Services  OUR LADY OF PROVIDENCE REGIONAL 82 CARLETON AVENUE CENTRAL ISLIP, NY 11722
2.200	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	To Provide Administrative And Accounting Services  OUR LADY OF THE ISLE RCC P.O. BOX 3027 SHELTER ISLAND, NY 11965
2.201	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	To Provide Administrative And Accounting Services  OUR LADY OF THE SNOW RCC 175 BLUE POINT AVENUE BLUE POINT, NY 11715

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2.202	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>To Provide Administrative And Accounting Services</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	OUR LADY OF WISDOM REGIONAL SCHOOL 114 - 116 MYRTLE AVENUE PORT JEFFERSON, NY 11777
2.203	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>To Provide Administrative And Accounting Services</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	OUR LADY QUEEN OF MARTYRS RCC 53 PROSPECT ROAD CENTERPORT, NY 11721
2.204	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Background Investigation</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	OXFORD DOCUMENT MANAGEMENT COMPANY, INC. 655 MAIN STREET SUITE 1 ANOKA, MN 55303
2.205	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Credit Card Processing Agreement</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	PAYPAL, INC. ATTN: LEGAL DEPARTMENT 2211 NORTH FIRST STREET SAN JOSE, CA 95131
2.206	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>To Stop Pension Plan Payments And Prevent Fraud</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	PENSION BENEFIT INFORMATION, LLC ("PBI") ATTN: PETER SHIN, DIRECTOR OF CLIENT SERVICES 900 LARKSPUR LANDING CIRCLE SUITE 201 LARKSPUR, CA 94939
2.207	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>CD Renewal Confirmation</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	PEOPLE'S UNITED BANK 6 WEST SECOND STREET RIVERHEAD, NY 11901
2.208	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Charitable Gift Annuity</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	PETER CHIARI ADDRESS ON FILE

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List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.209	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Insurance Policy: Student Access, 08/01/2020 - 08/01/2021: Policy #: TBD</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	PHILADELPHIA INDEMNITY INSURANCE COMPANY ADMINISTRATIVE OFFICE ONE BALA PLAZA, SUITE 100 BALA CYNWYD, PA 19004
2.210	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Insurance Policy: Student Access, 08/01/2020 - 08/01/2021: Policy #: TBD</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	PHILADELPHIA INDEMNITY INSURANCE COMPANY ADMINISTRATIVE OFFICE ONE BALA PLAZA, SUITE 100 BALA CYNWYD, PA 19004
2.211	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Equipment Lease: Sendpro P200-Postage Machine</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	PITNEY BOWES GLOBAL FINANCIAL SERVICES 27 WATERVIEW DRIVE SHELTON, CT 06484
2.212	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Casualty And Brokerage Consulting</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	PORTER AND CURTIS, LLC. 225 STATE STREET MEDIA, PA 19063-1537
2.213	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Insurance Policy: Healthcare Professional Liability, 11/01/2019 - 11/01/2020: Policy #: MP107680</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	PROASSURANCE AMERICAN MUTUAL, A RISK RETENTION GROUP 1250 23RD ST NW SUITE 250 WASHINGTON, DC 20037
2.214	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Professional Service Contract</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	PROSKAUER ROSE LLP 1585 BROADWAY NEW YORK, NY 10036-8229
2.215	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>To Provide Administrative And Accounting Services</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	QUEEN OF MOST HOLY ROSARY RCC 196 W. CENTENNIAL AVE. ROOSEVELT, NY 11575

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List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.216	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	To Provide Administrative And Accounting Services	QUEEN OF THE MOST HOLY ROSARY RCC P.O. BOX 3035 BRIDGEHAMPTON, NY 11932
2.217	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	GL Hosting Service	REAL TIME CLOUD SERVICES D/B/A ACE CLOUD HOSTING 2637 E ATLANTIC BLVD#23519 POMPANO BEACH, FL 33062
2.218	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	Revised Fee Agreement	REED SMITH THREE LOGAN SQUARE SUITE 3100 1717 ARCH STREET PHILIDELPHIA, PA 19103
2.219	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	Insurance Policy: Excess Fiduciary Liability, 10/31/2019 - 10/31/2020: Policy #: EPG0027859	RLI INSURANCE COMPANY 9025 NORTH LINDBERGH DRIVE PEORIA, IL 61615
2.220	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	Insurance Policy: Excess DIC Liability Insurance (D&O), 03/01/2020 - 11/01/2020: Policy #: EPG0028133	RLI INSURANCE COMPANY 9025 NORTH LINDBERGH DRIVE PEORIA, IL 61615
2.221	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	Insurance Policy: Fiduciary Liability, 10/31/2019 - 10/31/2020: Policy #: EPG0027858	RLI INSURANCE COMPANY 9025 NORTH LINDBERGH DRIVE PEORIA, IL 61615
2.222	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	Partnership Agreement	ROMAN CATHOLIC DIOCESE OF BROOKLYN 310 PROSPECT PARK WEST BROOKLYN, NY 11215

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2.223	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Insurance Policy: Excess Liability, 11/01/2019 - 11/01/2020; Policy #: NHA088082</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	RSUI INDEMNITY COMPANY 945 E. PACES FERRY RD. ATLANTA, GA30326-1160
2.224	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Partnership Between Archdiocese Of New York, Diocese Of Brooklyn, And The Diocese Of Rockville Centre</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	SACRED HEART INSTITUTE, INC. C/O SEMINARY OF THE IMMACULATE CONCEPTION 440 WEST NECK ROAD HUNTINGTON, NY 11743
2.225	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>To Provide Administrative And Accounting Services</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	SACRED HEART RCC 720 MERRICK AVE. NORTH MERRICK, NY 11566
2.226	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>To Provide Administrative And Accounting Services</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	SACRED HEARTS JESUS & MARY RCC 168 HILL ST. SOUTHAMPTON, NY 11968
2.227	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Retainer Agreement For General Legal Matters</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	SAHN WARD COSCHIGHANO PLLC. 333 EARLE OVINGTON BLVD SUITE 601 UNIONDALE, NY 11553
2.228	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Lease Office Space For Pastoral Planning</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	SAINTS CYRIL AND METHODIUS 125 HALF HOLLOW HILL RD. DEER PARK, NY 11729
2.229	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Charitable Gift Annuity</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	SALVATORE JOHN ALAIMO ADDRESS ON FILE

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2.230	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Hosting Agreement</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SBC SYSTEMS COMPANY, INC. ATTN: PEGGY F. HORN, PRESIDENT 115 PERIMETER CENTER PLACE, NE SUITE 1150 ATLANTA, GA30346
2.231	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Adopting A Voluntary Employee Security Plan For The Benefit Of Our Employees</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK 100 COURT ST BINGHAMTON, NY 13902
2.232	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Subscriptions Agreement</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SEND WORD NOW 500 PLAZA DRIVE SUITE 205 SECAUCUS, NJ 07094
2.233	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Bank Money Market Account</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SIGNATURE BANK ATTN: LUCY IANNUCCI PRIVATE CLIENT GROUP021 53 NORTH PARK AVENUE ROCKVILLE CENTRE, NY 11570
2.234	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Corporate Communications Advisor</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SITRICK GROUP, LLC. 11999 SAN VICENTE BLVD PENHOUSE LOS ANGELES, CA 90049
2.235	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Solarwinds Dame Ware Remote Support Agreement</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SOLARWINDS PO BOX 730720 DALLAS, TX 75373
2.236	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Priest Chaplaincy Services</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	SOUTH NASSAU COMMUNITIES HOSPITAL ONE HEALTHY WAY OCEANSIDE, NY 11572

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2.237	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Cell Tower Lease</p>	SPRINT - SYOSSET TOWER ONE INTERNATIONAL BOULEVARD MAHWAY, NJ07495	
2.238	<p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p> <p>Cell Tower Lease</p>	SPRINT - UNIONDALE TOWER ONE INTERNATIONAL BOULEVARD MAHWAY, NJ07495	
2.239	<p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p> <p>Cell Tower Lease</p>	SPRINT NEXTEL - SYOSSET TOWER ONE INTERNATIONAL BOULEVARD MAHWAY, NJ07495	
2.240	<p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>To Provide Administrative And Accounting Services</p>	SS. PHILIP & JAMES RCC 1 CARRROW PLACE ST. JAMES, NY 11780	
2.241	<p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>To Provide Administrative And Accounting Services</p>	ST. AGNES RCC 523 FRONT STREET GREENPORT, NY 11944	
2.242	<p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Building Lease For Residence Of The Bishop</p>	ST. AGNES' ROMAN CATHOLIC CHURCH AT ROCKVILLE CENTRE IN THE COUNTY OF NASSAU IN THE STATE OF NEW YORK ATTN: RECTOR 29 QUEALY PLACE ROCKVILLE CENTRE, NY 11570	
2.243	<p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Lease Office Space</p>	ST. AIDAN CHURCH 505 WILLIS AVENUE WILLISTON PARK, NY 11596	
	<p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>		

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2.244	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	To Provide Administrative And Accounting Services  ST. AIDAN RCC 505 WILLIS AVENUE WILLISTON PARK, NY 11596
2.245	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	To Provide Administrative And Accounting Services  ST. ALOYSIUS RCC 592 MIDDLE NECK ROAD GREAT NECK, NY 11023
2.246	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	To Provide Administrative And Accounting Services  ST. ANDREW RCC 122 DIVISION STREET SAG HARBOR, NY 11963
2.247	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	To Provide Administrative And Accounting Services  ST. ANNE RCC 88 SECOND AVENUE BRENTWOOD, NY 11717
2.248	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	To Provide Administrative And Accounting Services  ST. ANTHONY RCC 110 ANCHOR AVENUE OCEANSIDE, NY 11572
2.249	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	To Provide Administrative And Accounting Services  ST. BONIFACE RCC 631 ELMONT ROAD ELMONT, NY 11003
2.250	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	To Provide Administrative And Accounting Services  ST. BRIGID - OUR LADY OF HOPE REGIONAL SCHOOL 101 MAPLE AVENUE WESTBURY, NY 11590

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2.251	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>To Provide Administrative And Accounting Services</p>	ST. CATHERINE OF SIENNA RCC 33 NEW HYDE PARK RD. FRANKLIN SQUARE, NY 11010
2.252	<p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p> <p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>To Provide Administrative And Accounting Services</p>	ST. FRANCES CABRINI RCC 134 MIDDLE COUNTRY ROAD CORAM, NY 11727
2.253	<p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p> <p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>To Provide Administrative And Accounting Services</p>	ST. FRANCIS DE SALES RCC 7 AMITY STREET PATCHOGUE, NY 11772
2.254	<p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p> <p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>To Provide Administrative And Accounting Services</p>	ST. FRANCIS OF ASSISI RCC 29 NORTHGATE DR. GREENLAWN, NY 11740
2.255	<p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p> <p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>To Provide Administrative And Accounting Services</p>	ST. GERTRUDE RCC 28 SCHOOL STREET BAYVILLE, NY 11709
2.256	<p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p> <p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>To Provide Administrative And Accounting Services</p>	ST. HUGH OF LINCOLN RCC 21 E. NINTH STREET HUNTINGTON STA., NY 11746
2.257	<p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p> <p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>To Provide Administrative And Accounting Services</p>	ST. IGNATIUS LOYOLA RCC 129 BROADWAY HICKSVILLE, NY 11801

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2.258	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Lease Office Space For Vocations ST. IGNATIUS ROMAN CATHOLIC CHURCH 129 BROADWAY HICKSVILLE, NY 11801
2.259	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	To Provide Administrative And Accounting Services ST. ISIDORE RCC 622 PULASKI STREET RIVERHEAD, NY 11901
2.260	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	To Provide Administrative And Accounting Services ST. JOHN EVANGELIST RCC 546 ST. JOHN'S PLACE RIVERHEAD, NY 11901
2.261	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	To Provide Administrative And Accounting Services ST. JOHN NEPOMUCENE RCC 1140 LOCUST AVENUE BOHEMIA, NY 11716
2.262	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	To Provide Administrative And Accounting Services ST. JOHN PAUL II REGIONAL SCHOOL 515 MARCY AVENUE RIVERHEAD, NY 11901
2.263	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Classroom Lease ST. JOHN THE EVANGELIST RCC 546 ST. JOHN PLACE RIVERHEAD, NY 11901
2.264	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	To Provide Administrative And Accounting Services ST. JOSEPH RCC 130 FIFTH STREET GARDEN CITY, NY 11530

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2.265	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>To Provide Administrative And Accounting Services</p>	ST. JOSEPH RCC 39 NORTH CARLL AVENUE BABYLON, NY 11702
2.266	<p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p> <p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>To Provide Administrative And Accounting Services</p>	ST. JOSEPH RCC 45 CHURCH STREET RONKONKOMA, NY 11779
2.267	<p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p> <p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>To Provide Administrative And Accounting Services</p>	ST. JOSEPH THE WORKER RCC 510 NARRAGANSETT AVE. EAST PATCHOGUE, NY 11772
2.268	<p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p> <p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>To Provide Administrative And Accounting Services</p>	ST. LADISLAUS RCC 18 RICHARDSON PLACE HEMPSTEAD, NY 11550
2.269	<p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p> <p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>To Provide Administrative And Accounting Services</p>	ST. LAWRENCE THE MARTYR RCC 27 HANDSOME AVENUE SAYVILLE, NY 11782
2.270	<p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p> <p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>To Provide Administrative And Accounting Services</p>	ST. LOUIS DE MONTFORT RCC 75 NEW YORK AVENUE SOUND BEACH, NY 11789
2.271	<p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p> <p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>To Provide Administrative And Accounting Services</p>	ST. MARGARET OF SCOTLAND RCC 81 COLLEGE ROAD SELDEN, NY 11784

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2.272	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	To Provide Administrative And Accounting Services  ST. MARY RCC 20 HARRISON AVENUE EAST ISLIP, NY 11730
2.273	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	To Provide Administrative And Accounting Services  ST. PATRICK RCC 235 GLEN STREET GLEN COVE, NY 11542
2.274	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	To Provide Administrative And Accounting Services  ST. PATRICK RCC 9 N. CLINTON AVE. BAY SHORE, NY 11706
2.275	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	To Provide Administrative And Accounting Services  ST. PATRICK RCC P.O. BOX 1117: 52125 ROUTE 25 SOUTHOLD, NY 11971
2.276	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	To Provide Administrative And Accounting Services  ST. PAUL THE APOSTLE RCC 2534 CEDAR SWAMP ROAD BROOKVILLE, NY 11545
2.277	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	To Provide Administrative And Accounting Services  ST. ROCCO RCC 18 THIRD STREET GLEN COVE, NY 11542
2.278	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	To Provide Administrative And Accounting Services  ST. SYLVESTER RCC 68 OHIO AVE. MEDFORD, NY 11763

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.279	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>To Provide Administrative And Accounting Services</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	ST. VINCENT DE PAUL RCC 33 NEW HYDE PARK RD. FRANKLIN SQUARE, NY 11010
2.280	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Insurance Policy: Property Insurance, 04/01/2020 - 04/01/2021: Policy #: CPP 7848018 01</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	STEADFAST INSURANCE COMPANY ADMINISTRATIVE OFFICES, ZURICH TOWERS 1299 ZURICH WAY SCHAUMBURG, IL 60196-1056
2.281	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Waste Removal</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	STERICYCLE 4010 COMMERCIAL AVENUE NORTHBROOK, IL 60062
2.282	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Volunteer Database Search</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	STERLING VOLUNTEERS 113 S. COLLEGE AVENUE FORT COLLINS, CO 80524
2.283	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Credit Card Processing Agreement</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	STRIPE INC. 510 TOWNSEND STREET SAN FRANCISCO, CA 94103
2.284	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Cell Tower Lease</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	T MOBILE CENTRAL ISLIP TOWER 4 SYLVAN WAY PARSIPPANY, NJ07054
2.285	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Cell Tower Lease</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	T MOBILE SYOSSET TOWER (OMNIPOINT) 360 NEWARK POMPTON TURNPIKE WAYNE, NJ 07470

Debtor

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2.286	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Cell Tower Lease</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	T MOBILE UNIONDALE TOWER 4 SYLVAN WAY PARSIPPANY, NJ07054
2.287	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Trust Agreement Between DRVC And BNY For Health Care And Other Assistance For Retired And Disabled Diocesan Priests</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	THE BANK OF NEW YORK MELLON FOR THE DIOCESE OF ROCKVILLE CENTRE HEALTH CARE AND OTHER ASSISTANCE PLAN FOR RETIRED AND DISABLED PRIESTS ATTN: GARY MARRA 135 SANTILLI HIGHWAY AIM 026-0017 EVERETT, MA02149
2.288	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Welfare Trust Agreement Between DRVC And BNY For The DRVC Health &amp; Welfare Benefits Program Trust</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	THE BANK OF NEW YORK MELLON ATTN: GARY MARRA 135 SANTILLI HIGHWAY AIM 026-0017 EVERETT, MA02149
2.289	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Administrative Services Agreement</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	THE CATHOLIC FOUNDATION OF LONG ISLAND INC. 50 NORTH PARK AVENUE ROCKVILLE CENTRE, NY 11571
2.290	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Plan Document: Diocese Of Rockville Centre 403(B) Employee Retirement Plan</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	THE DIOCESE OF ROCKVILLE CENTRE 403(B) EMPLOYEE RETIREMENT PLAN C/O: THE DIOCESE OF ROCKVILLE CENTRE 50 NORTH PARK AVENUE ROCKVILLE CENTRE, NY 11570
2.291	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Independent Reconciliation And Compensation Program</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	THE LAW OFFICES OF KENNETH R. FEINBERG PC THE WILLARD OFFICE BUILDING 1455 PENNSYLVANIA AVENUE N.W. SUITE 390 WASHINGTON, DC 20004-1008
2.292	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Diocese Of Brooklyn, NY Letter Of Agreement</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	THE LAW OFFICES OF KENNETH R. FEINBERG PC THE WILLARD OFFICE BUILDING 1455 PENNSYLVANIA AVENUE N.W. SUITE 390 WASHINGTON, DC 20004-1008

Debtor

The Roman Catholic Diocese of Rockville Centre, New York  
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List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.293	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Provide Pastoral And Spiritual Care</p>	THE NATIONAL CATHOLIC BIOETHIC CENTER 6399 DREXEL ROAD PHILADELPHIA, PA 19151	
2.294	<p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p> <p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Rider Family Leave Benefits</p>	THE PRUDENTIAL INSURANCE COMPANY OF AMERICA 751 BROAD STREET NEWARK, NJ 07102	
2.295	<p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p> <p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Rider Family Leave Benefits</p>	THE PRUDENTIAL INSURANCE COMPANY OF AMERICA 751 BROAD STREET NEWARK, NJ 07102	
2.296	<p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p> <p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Rider Family Leave Benefits</p>	THE PRUDENTIAL INSURANCE COMPANY OF AMERICA 751 BROAD STREET NEWARK, NJ 07102	
2.297	<p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p> <p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>HR Services Agreement</p>	THE PRUDENTIAL INSURANCE COMPANY OF AMERICA 751 BROAD STREET NEWARK, NJ 07102	
2.298	<p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p> <p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Website Design And Support</p>	THERESE MONTANILE ADDRESS ON FILE	
2.299	<p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p> <p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Elevator Service Agreement</p>	THYSSENKRUP ELEVATOR CORPORATION 59 OTIS STREET WEST BABYLON, NY 11704	
	<p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>		

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2.300	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Independent Contractor Agreement</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	TMA @ YOUR SERVICES, LLC DOING BUSINESS AS "WELLWORKS FOR YOU" ATTN: THOMAS TEATER, PRESIDENT 1615 WEST CHESTER PIKE SUITE 104 WEST CHESTER, PA 19382
2.301	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Administrative Services Agreement</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	TOMORROW'S HOPE FOUNDATION, INC. 50 CHARLES LINDBERGH AVENUE, SUITE #500 UNIONDALE, NY 11553
2.302	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Insurance Policy: Kidnap &amp; Ransom, 08/01/2019 - 08/01/2022: Policy #: U719-89075</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	U.S. SPECIALTY INSURANCE COMPANY ADMINISTRATIVE OFFICE 13403 NORTHWEST FREEWAY HOUSTON, TX 77040
2.303	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Insurance Policy: Property Insurance - Terrorism, 04/01/2020 - 04/01/2021: Policy #: B0621MECCL000120</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	UNDERWRITERS AT LLOYD'S OF LONDON C/O MILLER INSURANCE SERVICES LLP 70 MARK LANE LONDON EC3R 7NQ UNITED KINGDOM
2.304	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Insurance Policy: Property Insurance, 04/01/2020 - 04/01/2021: Policy #: PD-11142-00</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	UNDERWRITERS AT LLOYD'S, LONDON (BRIT SYNDICATE 2987) C/O BRIT GLOBAL SPECIALTY USA 161 N. CLARK STREET, SUITE 3200 CHICAGO, IL 60601
2.305	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Insurance Policy: Property Insurance, 04/01/2020 - 04/01/2021: Policy #: LMPPRP20934605</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	UNDERWRITERS AT LLOYD'S, LONDON (HISCOX US)
2.306	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Administrative Services Agreement</p> <p><b>State the term remaining</b></p> <p>List the contract number of any government contract</p>	UNITAS INVESTMENT FUND, INC. 50 NORTH PARK AVENUE ROCKVILLE CENTRE, NY 11571

Debtor

The Roman Catholic Diocese of Rockville Centre, New York  
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List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.307	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Administrative Services Agreement UNITAS INVESTMENT FUND, INC. 50 NORTH PARK AVENUE ROCKVILLE CENTRE, NY 11571
2.308	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Brokerage Account Agreement UNITAS INVESTMENT FUND, INC. ATTN: THOMAS DOODIAN UNITAS INVESTMENT FUND, INC. 50 NORTH PARK AVENUE ROCKVILLE CENTRE, NY 11570
2.309	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	1st Amendment To Annual Consulting And Advisory Services Proposal USI INSURANCE SERVICES LLC 200 SUMMIT LAKE DRIVE SUITE 350 VALHALLA, NY 10595
2.310	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Credit Card Processing For DRVC Entities VALLEY BANK PO BOX 2394 OMAHA, NE 68103
2.311	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Cell Tower Lease VERIZON WIRELESS CENTRAL ISLIP TOWER ONE VERIZON WAY MAIL STOP 4AW100 BASKING RIDGE, NJ 07920
2.312	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Cell Tower Lease VERIZON WIRELESS SYOSSET TOWER 180 WASHINGTON VALLEY ROAD BEDMINSTER, NJ 07921
2.313	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Cell Tower Lease VERIZON WIRELESS UNIONDALE TOWER 180 WASHINGTON VALLEY ROAD BEDMINSTER, NJ 07921

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2.314	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Verizon Wireless Services  VERIZON WIRELESS PO BOX 408 NEWARK, NJ 07101-408
2.315	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Corporate Visa Agreement  VISA ATTN: CARDMEMBER SERVICE ELAN FINANCIAL SERVICES 4325 17TH AVE SW FARGO, ND 58103
2.316	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Anti Virus Software  VMWARE 1155 PERIMETER CENTER WEST ATLANTA, GA30338
2.317	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Administrative Services Agreement  WAGEWORKS, INC 1100 PARK PLACE 4TH FLOOR SAN METEO, CA 94403
2.318	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Insurance Policy: Property Insurance, 04/01/2020 - 04/01/2021; Policy #: D42265627 002  WESTCHESTER SURPLUS LINES INSURANCE COMPANY 11575 GREAT OAKS WAY SUITE 200 ALPHARETTA, GA 30022
2.319	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Charitable Gift Annuity  WILLIAM J. CHRISTIE ADDRESS ON FILE
2.320	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	Business Associate Agreement  WORXTIME, LLC, A GEORGIA LIMITED LIABILITY COMPANY ATTN: TEARLE D. BAGWELL 360B QUALITY CIRCLE SUITE 220 HUNTSVILLE, AL 35806

Debtor

The Roman Catholic Diocese of Rockville Centre, New York  
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2.321	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Service Agreement</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	WORXTIME, LLC, A GEORGIA LIMITED LIABILITY COMPANY 360B QUALITY CIRCLE SUITE 220 HUNTSVILLE, AL 35806
2.322	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Universal Service Agreement - Authorizes Worxtime To Provide The Employment Or Payroll Related Services</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	WORXTIME, LLC, A GEORGIA LIMITED LIABILITY COMPANY ATTN: PRESIDENT 11432 LACKLAND ROAD ST. LOUIS, MO 63146
2.323	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>Tracking, Reporting And Support Agreement</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	WORXTIME, LLC, A GEORGIA LIMITED LIABILITY COMPANY ATTN: HEATHER MCFARLAND, VP OF OPERATIONS AND FINANCE 360B QUALITY CIRCLE SUITE 220 HUNTSVILLE, AL 35806

Fill in this information to identify the case:

Debtor name The Roman Catholic Diocese of Rockville Centre, New York  
United States Bankruptcy Court for the: Southern District of New York  
Case number (if known): 20-12345 (SCC)

Check if this is an amended filing

## Official Form 206H

### Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, *Schedules D-G*. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case and this filing:

Debtor Name The Roman Catholic Diocese of Rockville Centre, New York  
United States Bankruptcy Court for the: Southern District of New York  
Case number (*If known*): 20-12345 (SCC)

## Official Form 202

### Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

#### Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule \_\_\_\_\_
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/09/2020  
MM / DD / YYYY

 /s/ Thomas Doodian

Signature of individual signing on behalf of debtor

Thomas Doodian  
Printed name

Chief Financial Officer - Director of Finance  
Position or relationship to debtor